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ABSTRACT

Founded in 1971, the program was designed to allow Indian Health Service (IHS) trainees to take as little or as much training as they needed to fill their agency's requirements and their own career ambitions. A full complement of courses leading to an associate degree in Mental Health Technology was developed for the Center and accredited through Central Arizona College. After encountering various problems, the program was altered to capitalize on the skills common to all effective direct service workers, but varied enough in content to satisfy field specialties. The Center's staff also became more responsive to field requests for brief programs serving immediate field needs and worked closer with specific agencies in the field. This report summarizes the program's beginning and re-orientation, the status of mental health technicians in fiscal year 1975, and the Human Services movement at large. Appended are two articles on mental health technician training and the American Indian, and the roles and future training needs of such technicians in the IHS; a curriculum plan for mental health technician training; a synopsis of the Desert Willow Training Center program; a proposal for the program's modification and expansion; the Human Services orientation and guidelines for certification; outlines for courses on Human Services and applied psychology with emphasis on counseling skills; a list of program activities for fiscal year 1975 and 1976; and a sample of an organizational development workshop outline and follow-up. (NQ)

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MENTAL HEALTH TECHNICIAN
TRAINING PROGRAM

DESERT WILLOW TRAINING CENTER

MARCH 1975

U S DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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A. Mental Health Technician Training and the American Indian

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K. National Association of Human Services Technologies

March 21, 1975

SUMMARY

Mental Health Technician Program
Desert Willow Training Center

Past, Present, Future

The Mental Health Technician program was founded in 1971 and designed to allow Indian Health Service trainees to take as little or as much training as they needed to fill their agency's requirements and their own career ambitions. A full complement of courses leading to the associate degree in Mental Health Technology was developed for Desert Willow Training Center and accredited through Central Arizona College (see Appendixes A & B).

During the first year and a half, only the Phoenix Area contracted for full participation in the program. Later, the Albuquerque Area sent their mental health workers, but the remaining Indian Health Service Areas, for a variety of reasons, had minimal participation. Consequently, in order to utilize the program's resources to the fullest, a broader range of trainees with different backgrounds and needs were admitted. Almost half the trainees were non-IHS employees at any given time after the second year of operation.

A variety of problems in scheduling, coordination, etc. (see Appendix D) developed, but in any case, we came to realize we were unrealistic in our original formulation of the program. For example:

1. When the curriculum is fixed, it is the characteristics of the trainees (their values and

experience), when they enter the program that primarily determine the outcome of the training experience (c.f. Axelrod et. al., 1969). Since we did not select the trainees, the curriculum had to be more variable and individualized.

2. Similarly, unless the students are fairly homogeneous in learning style and experience, it is unrealistic to expect them to learn in accordance with flow charts or boxes carrying the labels of particular courses and arranged in particular order. More commonly, trainees vary in mode and rate of learning and then only accept operationally what is personally meaningful and useful to them. Again, it was necessary to re-examine our teaching efforts--particularly the "back home" experience of the trainees.

3. Perhaps most important, the whole process of becoming a clinician--or human services worker--is far more a personal enterprise and far less a function of what a training program looks like on paper (c.f. Strupp, 1974). The trainee might learn particular techniques and theories, but if they do not fit with his cultural set, personal aspirations and work situation, the most significant aspects of the training enterprise are lost, both for the trainees and his agency. Consequently, we had to find better ways of bringing the work situation, the trainee's personal characteristics and the curriculum content closer together.

Program Re-orientation

By 1974, we had sufficient experience with different kinds of workshops, modularized courses, alternate, non-IHS training centers, instructional styles and varieties of trainees (CHRs, CHMs, mental health professionals), to put together a program proposal that capitalized on the skills common to all effective direct service workers (e.g., skills in listening, when and how to give advice, when and how to refer to others), but varied enough in content to satisfy field specialties, such as recreation leader, alcoholism counselor, mental health worker (see Appendix E). A two week "Introduction to Human Services" course was drafted (Appendix G) and scheduled for November 1974 to see if the concept would work. However, the course had to be postponed until April 1975.

In the meantime, Arizona State laws governing tuition and college class procedures changed. Out of state students taking 7 credit hours or more would be charged $52.00 per credit hour up to a maximum of $625.00. Formerly there was no charge of any sort for accreditation. The Mental Health Technology program at Central Arizona College would be phased out during 1975, although a new program, taking into account the changes, could be introduced at any time, no new students working toward a degree in Mental Health Technology could be admitted into the old program after the Spring session, 1974.

Activities of the Desert Willow Training Center mental health staff have also been changing (see Appendix J for outline of activities for Fiscal Year 75 and projected Fiscal Year 76).

We have become more responsive to field requests for brief programs serving immediate field needs. We have worked more closely with specific agencies in the field. We are more closely identified with Community Health Representative and tribal employee training. These experiences have confirmed our belief in the plans we have projected for Fiscal Year 1976 (see Appendixes F & J). Essentially, we plan to extend the Human Service Concept, expand our field services and move slowly in offering any elaborate, long range program (but preparing the groundwork for such a program if it is needed).

Status of Mental Health Technicians: Fiscal Year 1975

Between May, 1971 and May, 1974, 41 trainees entered the Mental Health Technician program. Some wanted just the basic three week course or a practicum or two, others a career certificate and still others, an associate degree and more. Some trainees did very well academically but not so well in personal growth and maturity. Others developed remarkable skills in working with people, but were not so successful in articulating theory. Most trainees developed themselves along several lines. But how successful has the program been in aiding trainees... "to function effectively in a variety of positions in social services, social development projects, rehabilitation agencies...?"

Qualifications:

Approximately 75% of the participants in the Mental Health Technician program are working in human services in or near reservations. According to supervisors' ratings all are performing at the acceptable to exceptional levels. Four trainees have enrolled in or are enrolling in universities this year. Three lost their jobs--whereabouts unknown. One is a housewife, another on maternity leave and a third on extended sick leave. One is now deputy sheriff and a parttime mental health worker, and one is deceased.

All trainees have either initiated or aided in the development of new community projects. These projects ranged from the construction and implementation of recreation and human services centers to the development of volunteer programs for teenagers.

All trainees completed the basic three week course; 32 completed a minimum of one semester college equivalents; 24 completed a minimum of one year college equivalents and earned the career development certificate in Mental Health Technology; eight completed all requirements for the associate degree in Mental Health Technology and 11 more could complete the associate degree this year. All of this work was done while they were fully employed.

The Mental Health Technology program will have fulfilled all its commitments to trainees by the latter part of 1975. At this stage, the trainees primarily need guidance to select appropriate courses available elsewhere to complete their program. All the courses unique to the Mental Health Technology program, however, have been taken by or are currently being completed by trainees still actively involved with Desert Willow Training Center (see Appendix I).

Human Service Movement at Large

Once it was recognized that the country's needs for mental health services were unlikely to be met by increasing the numbers of traditional mental health professionals (Albee, 1959), several experiments to increase the non-traditional mental health manpower pool were undertaken (c.f., Gartner & Riessman, 1971, 1974; Pattison & Elpers, 1972). For example:

1. Non-mental health professionals such as general physicians, nurses, ministers, were exhorted to expand their practice to include mental health problems. But these professionals already had enough work to do, liaison with mental health professionals did not develop and conservative forces among the mental health professionals stymied innovation. It was clear, though, that a variety of community agents had significant helping skills and could manage major mental health problems within the context of their roles.

2. The idea that people with natural abilities and broad life experience could learn to function as mental health counselors without extensive formal schooling prompted the recruitment of housewives to enlarge the manpower pool. Although these projects demonstrated that housewives with intensive inservice training were quite effective in the counselor role (Rioch, 1963), their lack of formal professional credentials prevented them from being utilized very widely (Grosser, Henry & Kelly, 1969).

3. The poverty programs of the 1960s which supported the creation of new jobs also stimulated experiments for testing the value of indigenous community mental health workers. The local recruit was expected to bridge the gap between his community's needs and conventional mental health services while he worked his way up a career ladder to professional status (Pearl & Reissman, 1965). This "new-careers" movement also hoped to change the roles of mental health professionals to form a more efficient bond with the clients they served.

Indeed, when the indigenous worker was given the chance, he did provide new services, had a broader, more effective contact with his community and given the training and backup, functioned fairly well in the primary care role (Neleigh, et. al, 1971). Unfortunately, career ladders rarely developed, the indigenous worker did not necessarily accept the liaison role. Sometimes he faught the mental health establishment and sometimes he identified with it forsaking his roots in the community. In part, the "new careers" did not develop because the "old careers" resisted change.

4. In the late 1950s, early 1960s, the crisis center movement (suicide prevention centers, free clinics, walk-in centers), began turning out another type or mental health worker. Trained volunteers appeared to render more effective treatment at times than the professionals,

Although volunteers and psychiatric aids have been utilized in hospitals for decades, their roles in the 1960s were expanded and taken more seriously.

5. Associate degree programs for mental health paraprofessionals started with an NIMH grant to Purdue University in 1965. Since then, more than 140 degree programs have been initiated throughout the country, all having as a major component of their curriculum, supervised clinical experience in community service programs (McPheeters, 1972).

Shortly after the Purdue program began, a few mental health institutions developed a career system alliance with community colleges. Psychiatric hospitals, for example, hired untrained personnel as full-time entry-level mental health workers, offered them academically credited inservice training and allotted them time to pursue the remaining courses needed to complete the associate degree. A variation of this method was adopted and modified by Desert Willow Training Center for Indian mental health technicians (see Appendixes A & B).

The associate degree programs appear to be achieving more success than the earlier manpower models. "There is modest, but widespread professional sanction for such workers... numerous civil-service career series that have been established reflect the growing bureaucratic sanction (Pattison & Elpers, 1972)."

6. Recent developments suggest a growing trend toward amalagmation of paraprofessionals to form a single group of Human Services Workers. "This human service movement appears to be budding in almost all of the 50 states and in most of the service fields--mental health, penology, public law, law enforcement, religion, education, and public affairs (Fisher, Mehr & Truckenbrod, 1974)."

Despite variations in titles, there is a growing recognition on the part of both paraprofessionals and employers that these workers share in common a core of skills and a philosophy of practice. The National Association of Human Services Technologies is one organization that capitalizes on these commonalities and accepts more than 40 different job titles as belonging to the Human Service Profession (see Appendix K). Mental Health Technicians, Alcohol and Drug Abuse Counselors, Social Work Associates, Welfare Workers, among many others qualify for membership.

Implications

In view of the developments on the national scene and our experiences with the Mental Health Technician program over the past four years we believe the demand for training in human service skills will increase. Nor is there reason to suspect that the need for Mental Health Technicians at IHS installations has decreased since last evaluated in 1973 (see Appendix C). However, it would be extremely difficult to reconstitute the Mental Health Technician program currently being phased out without IHS wide participation and commitment of trainee slots, and increasing the current budget at least fourfold. Even, then, this may not be the most efficient direction to take.

There are approximately 3,000 outreach workers in a variety of jobs on Indian reservations and the number is likely to increase. Although their tasks and roles might vary, there appears to be a foundation of activities basic to all such work. For example, they must have some conceptual basis for understanding their clients. They must have skills for communicating meaningfully with them. They must have skills for aiding clients to develop their own strengths. They must have means to work with complicated social systems--the same categories proposed by IHS administrators for mental health technicians (Appendix C).

Although spoken of quietly for some time, traditional mental health professionals now openly admit there is considerable overlap in both content of graduate training and professional practice among the different disciplines (Henry, Sims, & Spray, 1971). No one denies the need for the special services associated with the different professions nor the type of meticulous research and testing that can come from these emphases. But professionals have had great difficulty in sharing their common activities and the client has often been the one to suffer.

On the other hand, the majority of outreach workers or human services workers are not specialists in the sense they can focus on one aspect of a client's needs (Brill, 1974). By the very nature of the demands of their jobs, they are preventive and crisis oriented either helping clients to handle the overall demands of living or assisting them to utilize the specialized services of medical care, education, psychotherapy, etc.

Since training should be directly related to role performance; and since these workers' roles have much in common regardless of job title; and perhaps most important, they have not yet formed competitive guilds (as the professionals have done), why not train them together to work together?

Recommendations for Desert Willow Training Centers:

1. Introduce a Human Service program to train small groups of field workers from the same locale to work as a team (see Appendix G).

   If this two week program shows signs of success, repeat it two or three time during fiscal 76 and include two or three brief courses that will build upon the introductory course (Appendixes F, H, J).

2. Increase field workshops, working with all categories of personnel at one time in one agency to help them clarify roles and relationships.

The Health Services Management program already performs this function. The Mental Health Technician program has been of some assistance. A greater collaborative effort is needed, however, to meet field demands and collect data for relevant curriculum development (c.f., Appendix J Organization Development).

3. Continue to develop brief courses that reflect field needs and train field personnel to administer these courses (c.f., Appendix G & H). In most instances, this means updating and streamlining materials we already have on hand and teaching others to use them.

4. Work toward accreditation of training through current IHS paraprofessional personnel guidelines (GS 699-4/9), and academic and professional association recognition. Until we know whether a degree program in Human Services is feasible or desirable, let's attempt to articulate whatever courses are given with existing college programs. Where we cannot offer courses, let us offer accurate and appropriate guidance.

Addendum

In contrast to the dismal reports on Indian education for half of this century, Indian peoples have made enormous strides over the past few years. "There has been a rapid increase in the numbers of Indian college students during the decade from 1960 to 1970. Approximately 8,000 Indian students are now in college. This constitutes about 12 percent of an age group that finish high school, 20 percent enter college, 10 percent enter another post high school institution, and 5 percent graduate from college with a four-year degree. These are relatively high proportions, compared with other American social groups with low family incomes (Havighurst, 1970)."

Furthermore, based upon self-report inventories and questionnaires sampling 30 different Indian communities, Indian youth turn out to be as well adjusted and have as high a self-esteem as their counter parts in the majority population. (c.f., Dreyer & Havighurst, 1970; Dreyer, 1970). One might question the research tools and the use of majority youth as a normative base (they are having serious problems too). Nevertheless, the trend is apparent--educated, sophisticated Indians are becoming increasingly available for service to their communities, for professional training, for opportunities in the county at large.

Still, we would be mistaken if we thought that training men and women is simply a matter of funding and organization. The process is a much more subtle and personal undertaking. The frustrations of college we might recall (if we haven't repressed them) are multiplied for the Indian student. Aside from the red-tape of application forms and mass registration; aside from the coldness of large institutions and unfamiliar routines; the Indian student must also adapt to campus values, dress, language and social life that are not simply strange or puzzling but may threaten his most deeply felt beliefs. Finally, unless one knows how to "work the system", one can get lost in college. It would not be difficult to find many Indians who have had a year or more college credits without completing a single basic course to graduate.

There is no doubt that this rapid increase in Indian college students is in part attributable to an increase in available funds. But one must look elsewhere for the influences producing the modest increase in college graduates. One likely source are the organizations (such as the United Scholarship Service, Inc.), whose dedicated personnel help sustain the Indian student in school, lending him emotional support and acting as liaison with school and other institutions to ensure proper attention to individual and group educational needs.

If Indian Health Service training is to continue its involvement with academic credits we would be well advised to supply our trainees with guidance if they pursue a college degree. But we cannot do it on our own. We cannot afford to isolate ourselves from other organizations seeking to help the Indian student through the educational system. We should plan now to borrow the efforts of other organizations and lend our own strengths to fulfill a common objective--trained Indian men and women who can man and manage their own affairs.

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APPENDIX A

MENTAL HEALTH TECHNICIAN TRAINING AND THE AMERICAN INDIAN[1]

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[1] Portions of this article were read or discussed at the Seventh Annual Joint Meeting of the U.S. Public Health Service Commissioned Officers Association and Clinical Society, NYC, May, 1972 and the American Orthopsychiatric Association Annual Meeting, Detroit, April, 1972.

The need for trained community workers in mental health has become increasingly apparent to the Indian Health Service. The communicable and chronic diseases which occupied health staff so greatly for the past 15 years are being brought under control. Facilities have been built and expanded. Water, waste and housing systems are being completed in an increasing number of communities. As communicable and chronic diseases are reduced, the comparative importance of accidents, suicides, alcoholism and other social and mental health problems increases. These are health problems which cannot be solved solely by outside input. The community and individuals must be actively involved in uncovering solutions and carrying out programs.

Role of Mental Health Technician

Although there is considerable role variation among mental health workers throughout the nation, Indian Mental Health Technicians regardless of where they work have at least this much in common: They must walk carefully in two or more cultures without being captured exclusively by any. As mental health specialists, they are as non-Indian professionals, working alongside other health specialists to provide for the comprehensive health needs of the community. As community members or ones who have a special understanding of and relationship with the community, they help other health personnel understand the way the people view their needs so that services and needs are most effectively complemented.

Such cross-cultural mental health work is most difficult. The skills and knowledge demanded of the worker from non-Indian professionals and Indian communities are immense indeed. For example, the worker must be familiar with the native language. Without such knowledge, his comprehension of the subtleties of the culture would be blunted and he would be essentially cut off from many of his clients (See, Jewell, 1952 for what ignornace of a language cost a Navaho). The Indian worker must understand relationships and interrelationships of more than one culture and be prepared to translate them back and forth. He cannot assume that the Indian community and the hospital staff share the same concepts of health and illness, or individual responsibility for cause and cure of illness, or attitudes toward the patient-practitioner relationship and distinctions between mental and physical health. Finally, the Indian worker must be cautious that he does not fall into the common trap of community programs. The person who has been an effective unofficial community worker is given official recognition and training, but in the process loses the very acceptability that made him so effective. In the community's eyes, he may become a captive of an alien culture -- and outsider -- or worse an Indian replacement for an ineffectual Anglo position.

Perhaps one more point should be made that Reiff and Riessman (1964) give special emphasis. If we were only concerned with filling the gaps left by shortages in professional manpower, then it would make little difference whether or not the health worker was drawn from the same community he is to serve. Anyone with similar training could do the job. But if our intention is to reach people who have not been served before, or served ineffectively because of language or social differences, then the community based health worker is a necessity. Regardless of how difficult or tenuous his position may be, he cannot be replaced.

On Indian reservations, the Community Health Representative (CHR) is probably the definitive example of the indigenous health worker. He must be of the people; he is politically selected and tribally employed; his influence is based upon being among the first to know his people's needs and providing them with direct assistance for a wide range of social problems; and his career opportunities are community based, not professionally determined. It is easy to understand why tribal leaders often see the CHRs as rivals, since their methods of reaching people are similar (for a non-Indian example of an analogous situation, see Levine & Levine, 1970, Ch. 5). On the other hand, CHRs are often in the best position to gain the support of tribal leaders to fight for and obtain improvements in health care.

The Indian Mental Health Technician, however, occupies the middle ground between the CHR and the professional health worker. He is employed by both tribal and non-tribal agencies; he has career potential in the professions as well as the community; and though he may not have either the influence to effect social change as the CHR indigenous worker nor the credentials of the traditionally trained health professional, neither is he locked into the demands of their roles. In short, he is in an ideal position to bring together the strengths of both groups -- or be crushed by them.

Sundry Problems

Cultural Clash and Transition:

Until the Europeans arrived (bringing with them cholera, plague, small pox), the medicine man was quite capable of handling the illnesses of his people (Levy, 1972). Changes were inevitable, however, and most Tribal and large urban cultures are breaking down or rapidly changing. Both Indian and non-Indian mental health practices are in trouble. How can we save and utilize what is helpful in both systems?

Para-professional Status:

Although para-professionals were first considered chiefly as an expedient resource in providing custodial care for the mentally ill or charity for the poor, now they are carrying out other roles for themselves, roles that some believe they can fulfull better than professionals because of their special characteristics and attributes (Sobey, 1970). Still, there is resistence to the "new careers" concept from many quarters and it is common to find para-professionals stuck in dead-end jobs.

Similarities and Differences:

There is no one Indian people, but a wide variety of tribes with different customs, problems and needs. Opinions are expressed, both Indian and non-Indian about local circumstances being so unique that only local inservice training is called for or acceptable. Furthermore, a variety of expectations concerning the role of the Mental Health Technician exist within the different tribal areas, as seen by the trainee, his employer, his community. How can we separate the training that is useable and relevant to all, from training that could be or should be given at the local level?

Credentials:

Despite some movement toward change, academic credentials are still needed in many places, simply to get a job -- not necessarily to perform it. Such emphasis on formal credits tends to exaggerate manpower shortages and bar persons (often from minority groups) from even considering a professional career (DHEW, 1971). Yet a mission of the Indian Health Service is to help American Indians gain access to the professions. Training, therefor should be transferable to academic credits if this goal is to be met.

Reservation Life:

Perhaps more so than other groups in the United States, the American Indian is very attached to the land of his people, his tribe. Those who leave the reservation frequently return. And those who stay and occupy an influential position among the people (persons most sought after for mental health work) find it most difficult to leave the reservation for prolonged periods of time. They may be bright and academically prepared for college, but family obligations, kinship ties and community responsibilities are so great that they could not move away for two to four years without losing their ties and place in their community. For the most part, extended training would have to be brought to them.

The Development of a Profession:

"All health professions were established first on a preceptor basis, then over a period of years were developed in separate schools and hospitals and finally incorporated into college and university education (Matarazzo, 1971)." The practitioner-apprentice relationship is a powerful educational tool. But which practitioner to choose and how long an apprenticeship?

Beginnings of a Program

Planning sessions began in February, 1971 and an arrangement was worked out between the Phoenix Area (one of nine Indian Health Service Areas) and Desert Willow Training Center in Tucson, Arizona to develop training for Mental Health Technicians. Within four months, three conferences were held and six trainees were launched on a concentrated program of training. We tried to give the trainee as varied a curriculum as possible so they could help us set the structure for the program. In July, Central Arizona College joined us in our efforts and by October, 1971, the first semester started, bringing in together the resources of academic, professional health workers and tribal representatives. The class then contained ten trainees.

Over a one year period we introduced the students to instructors who worked in health services representing 16 different disciplines, from pediatrics to applied anthropology, psychiatry to Indian medicine. Trainees attended the American Orthopsychiatric Association Convention and conducted workshops for mental health professionals. Tribal Health Board Representatives were introduced to mental health concepts by the trainees and their consultants through a three day training program. In addition, the trainees were completing course work in Psychology (general, abnormal, developmental); Sociology (social problems, the community); Anthropology (cultural), English and Social Sciences, plus learning skills from their preceptor-supervisors and carrying out projects in their communities. Currently, nine trainees have finished their first year, eight the first semester, nine most recently admitted, and most have taken a summer session in residence at Central Arizona

College. These trainees come from six states and 13 different tribes.[2]

Current Program

As a result of the pooled experience of students, preceptors and instructors gathered during the past year, we are taking a new approach to the program which we hope will accomplish several things:

a) Turn out Mental Health Technicians who are generalists, but flexible enough to shape their role or alter their activities to meet the demands of their work situations and the variable needs of the community they serve.

b) Blending academic instruction, professional skills formations and experiences encountered on the job in such a way that they make sense to the trainee.

c) Helping the trainee to envision the scope of his field -- how much there is to learn and unlearn; how much needs to be done.

Expectations of the Developing Mental Health Technician:

Building on the guidelines suggested by the Southern Regional Education Board (DHEW, 1971), we have all agreed to work toward the following objectives for Mental Health Technicians:

Attitudes and Values

1. Awareness of one's own limitations and willingness to seek help. If there are difficulties in intra or interpersonal relationships, on or off the job, is the trainee seeking help in understanding and correcting these difficulties?

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[2] Arizona, California, Montana, Nevada, New Mexico and Utah. Apache, Cherokee, Cocopah, Crow, Hopi, Hualapai, Miwok, Navajo, Paiute, Papago, Pima, Pueblo and Ute.

2. Conviction that organizations, agencies and social policies should be open to change to better meet client and community needs. Does the trainee show an interest in analysing the possible reasons for an agencies' ineffectiveness or does he settle for pat answers and scapegoat solutions?

3. Conviction that knowledge, skills and attitudes are in continuous change and that commitment to continuing self-development and education is necessary. Has the trainee recognizable long range vocational goals toward which he is working? Does the trainee ask meaningful questions provoked by reading or patient contacts?

4. Respect for the dignity of the individual--his person, privacy, decisions and opinions. Is the trainee condescending, patronizing or arbitrary in his relations with others--including both his clients and his supervisors?

5. Importance of exercising personal responsibility and initiative. Can the trainee be counted on to carry out assignments and share? Does he perform adequately within a system having time expectations? consistently? sporadically? Does the trainee use his superior knowledge of his culture for the benefit of clients and community?

Skills

1. Skills in interviewing normal and disabled persons:
Talking with people comfortably and productively;
Obtaining information, "reading" the feeling tones of what people say, and observing and reporting the behaviors people

exhibit in interviews;

Giving and interpreting information and appropriately responding to feeling tones and to the implications of what people say and do in interviews;

Relating to a wide range of the disabled--the aged, the mentally ill and retarded, children, alcoholics, etc.;

Sensing the impact of self on the person being interviewed, and responding appropriately.

2. Competence in interpersonal skills:

   Establishing interpersonal relationships with clients either as individuals or in groups;

   Dealing with other health workers in various role relationships;

   Supervising others in a consulting relationship;

3. Skills in observing and recording:

   Observing behaviors, emotions and physical characteristics of people and settings;

   Using ordinary check forms to record observations;

   Recording observation and interview data in simple descriptive fashion (this does not mean interpretive language, i.e., "patient is delusional" but in graphic descriptions of exactly what the person is saying and doing);

   Recording subjective impressions of the individual.

4. Competence in reading and reporting skills:

   Organizing information into logical and clear reports, both oral and written, including reports of clinical information, program development, problems or proposals.

5. Skill in first aid and first level physical diagnosis:

   (This does not call for first aid in the full range of orthopedic situations, etc., or physical diagnosis comparable to that of a nurse. Rather it is that level of skill in first level diagnosis that would be expected of a rather sophisticated parent).

   Recognizing the therapeutic, toxic, allergic and side effects of the most commonly used psychotropic drugs;

   Recognizing and evaluating the signs and symptoms of generally common illnesses such as childhood diseases, heart attacks, as well as illnesses which may be uncommon for the general population, but frequent in their community. Basic skill in taking temperatures, pulses, and knowing the elementary significance of several commonly used clinical tests.

   Making appropriate referrals or counseling clients and families when physical signs or symptoms present themselves. (This involves avoiding inappropriate and unnecessary referrals as would a sophisticated parent).

6. Skills in consultation:

   Counseling with other workers about individuals and their problems (i.e., clarifying the problem and helping the consultee arrive at solutions);

   Counseling with local agencies about their mental health problems.

Knowledge

1. Knowledge of the educational backgrounds, roles, functions and status considerations of the human service professionals:

The health professionals and their profession's power and influence. (Medicine, Health Educators, Sanitarians, Psychiatry, Psychology, Social Work and Nursing);

Health related professions, such as, rehabilitation counseling, occupational therapy, chaplaincy, recreation, physical therapy.

Middle-level mental health workers (psychiatric aides and attendents, alcohol counselors, CHRs, etc.)

2. Knowledge of personality theory and function. This would include:

   Some knowledge of the most common concepts of normal personality growth and development from infancy to maturity and old age.

   Some knowledge of the terminology and basic concepts of the more common theories of psychological functioning and especially knowledge of the kinds of situations for which the various theories seem especially useful.

   Some knowledge of mental functions and their implications and applications.

   Some knowledge of common personality patterns and behaviors (i.e., passivity, aggressiveness, dependence, independence, compulsiveness, mood swings, etc.). All of this should be aimed at recognition and understanding the meaning for counseling and managing persons with these patterns.

3. Knowledge of abnormal psychology:

   Some knowledge of abnormal behaviors; descriptions, natural history and psychodynamic aspects of psychoses, neurosis, personality disorders, and psychophysiologic disorders.

   Basic knowledge of psychopathologic conditions related to children, adolescents, and the aged as well as young and middle-life adults.

Basic knowledge of the behaviors, natural history, and psychodynamics of special problems such as mental retardation, sex problems and alcohol and drug abuse.

4. Knowledge of the conceptual bases for various theories of intervention; knowing one system of treatment well.

   Basic knowledge of the various models for individual client intervention (i.e., medical model, social learning model, etc.).
   Basic knowledge of the principles of supportive treatment used for rehabilitating the physically and psychologically disabled.
   Basic knowledge of the concepts of prevention, positive health promotion, social system intervention, anticipatory guidance, etc.

5. Knowledge of sociology and anthropology:
   Basic knowledge of concepts of family and kinship systems.
   Basic knowledge of concepts of special group behaviors and their implications for practice, e.g., institutions, communities, minority groups, public officials.
   Basic knowledge of dynamics and processes of small and large groups and their uses.

Academic Links:

We decided from the very beginning that advancement as a Mental Health Technician would depend upon performance on the job, not academic credits. We believe that one would complement the other. However, academic advancement has other purposes--job mobility, preparation for other mental health professions and stimulation to "stretch the mind". In any case the trainee can leave the program with credit, at several stages: Three weeks at DWTC = IHS Certificate;, 1 year to IHS Testification and/or an Arizona Career Development Certificate in Mental Health Technology; 2 years (may be less depending upon prior training) for A.A. or A.S. degree in Mental Health Technology from Central Arizona College; transfer of credits possible to four year college or university.

The training program follows the academic calendar. Each semester is started with a three week stay at Desert Willow. The trainee is introduced to all of that semester's courses (though each three weeks at DWTC is a program in and by itself) which he continues out in the field under preceptor guidance and tutoral assistance. The following semester begins with four weeks at DWTC. The first week is set aside for trainees and instructors to review the previous semester's work, take examinations and counsel for weaknesses and strengths.

The preceptor-supervisor, among other things, is responsible for developing the practicums and directing the trainee's learning so that he is on course with local needs and demands. He also arranges for the trainee's field tutors and encourages the trainee's full participation in the program. Since a preceptor can be any mental health professional, the preceptor has the responsibility of introducing the trainee to other professionals in the field.

The trainee then, has the responsibility for understanding the culture and health practices of his own people. It would be presumptuous for us to teach him Indian medicine except in its broadest outlines. He must make his own local contacts, and reach his own conclusions on how best to proceed as a mental health practitioner. Together, over a period of time, all of us might share our experiences to cull the best from both worlds. But that is for the future.

During the summer, courses that cannot be efficiently taught in the field are handled at Central Arizona College or elsewhere. In addition, a two week clerkship in Mental Health Technology is reserved for the second year of training, to be held at the Arizona State Hospital under the guidance of the Mental Health Technology Department. Other training activities may be introduced for all trainees from time to time, depending upon resources and student's needs. And plans are currently underway for an eight week internship at Fort Logan Hospital, Denver, Colorado, upon completion of the associate degree.

Indian Health Service Civil Service Career Ladder for Mental Health Technicians (a rough overview):

GS. grade 3: entry trainee level; requires 1 year general experience.

GS. grade 4: advanced trainee level, but more complex assignments. Requires 1-1/2 years general experience + 1/2 year specific experience.

NOTE: For promotion in grade level on all of the following, MHT must be performing at the higher grade level according to supervisor's evaluation.

GS. grade 5: beyond trainee level; general guidance rather than detailed supervision. Requires 2 years general and 1 year specialized experience.

GS. grade 6: advanced performance level. Supervision minimal. Requires 2 years general, 2 years specialized experience and 1 year of training. Worker must demonstrate ability to help develop programs with Service Unit professionals.

GS. grades 7 & 8: proposed, but not operational. Worker must be fully independent. Develops, modifies and evaluates mental health programs.

Professional Developments

During the past few years, a proliferation of middle-level professional workers has arisen on the national scene. Role definition, intercommunication, educational and professional standards are all presenting problems for these workers. Despite the diversity of their services, be it educational, guidance, mental health, rehabilitation, corrections, they all deal directly with their clients and their personal response to their clients is often the major ingredient involved in helping produce desired changes. On this basis, the National Association of Human Services Technology (formerly the California Society of Psychiatric Techicians) has offered to gather these workers under one roof so that standards can be agreed upon roles clearly defined and public recognition accorded this new group of professionals.

This national association is also aware of the unique circumstances of American Indians living on reservations and is considering the possibility of chartering an Indian chapter that would cut across state lines, but have the same rights and privileges as state chapters. 3

Such a move would bring us that much closer to learning from one another.*

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[3] Personal conversation with Zoltan Fuzessery, Director of Research and Publication, N.S.H.S.T.

* Addendum November 6, 1972
The N.A.H.S.T. has agreed to admit an Indian Chapter

APPENDIX B

September 1, 1972

CURRICULUM PLAN
FOR
MENTAL HEALTH TECHNICIAN TRAINING

This curriculum is designed to prepare Indian students who have been hired as trainees in mental health work to function effectively in a variety of positions in social services, social development projects, rehabilitation agencies, hospitals, youth programs, and other private and public enterprises of a human services nature. The student, if he completes the full curriculum, will earn the Associate in Arts or Sciences degree and will be prepared to continue his education. However, one may leave the program at various points and still earn credits: Three weeks at Desert Willow Training Center = IHS Certificate; one year in program = IHS Testification, successful completion of 29 semester hours (see required courses) = Arizona Career Development Certificate or one year of college credit; successful completion of two year program = A.A. or A.S. degree.

Core Academic Program

Career Development Certificate: (minimum 29 semester hours)

Psychology 151 or 152: Introduction	3 SHS
Anthropology (cultural) or Social: Intro.	3 SHS
Social Science 110: Personality Dev	1 SHS
Social Science 290: Field Project	4 SHS
HPER 110: Personal Community Health	3 SHS
HPER 120: First Aid	2 SHS
English 92: Aids to Learning	3 SHS
Speech 220: Group Discussion	3 SHS
MHT Practicums 151-152	7 or 8 SHS

Associate in Arts or Sciences -- continuation of career development program: Minimum of 63 semester hours

English 101: Composition	3 SHS
English 210: Technical Report Writing	2 SHS
Psychology 220: Intro. to Abnormal	3 SHS
Psychology 240: Human Growth & Dev.	3 SHS
Psychology 200: Social Psychology	3 SHS
Sociology 250: The Community	3 SHS
Sociology 150: Social Problems	3 SHS
MHT Practicums 251-252	8 SHS

General education requirements to complete A.A. and A.S. degrees:

World Religion, Philosophy, Art, Music	3 or 6 SHS
Mathematics, Physical or Life Sciences	6 or 7 SHS

RECOMMENDED SEQUENCE OF FULL COURSE WORK

FIRST YEAR

1st Semester	Hrs.	2nd Semester	Hrs.
Psychology 151 or 152	3	Speech 220	3
Sociology 100	3	Sociology 150	3
Anthropology 102	3	Social Science 290	4
HPER 110	3	HPER 120	2
Social Science 110	1	English 101	3
English 92	3	MHT 152	4
MHT 151	4		
	20		19

SECOND YEAR

3rd Semester	Hrs.	4th Semester	Hrs.
Psychology 220	3	Psychology 240	3
English 210	2	Sociology 250	3
Humanities Elec.	3	Psychology 200	3
MHT 251	4	Humanities Elec.	3
		MHT 252	4
	12		16

Humanities electives choice of: Art, Music, Philosophy, World Religion.

During Summers or 2nd Year of Study

6 or 7 semester hours in two of the following three areas:
Math, Physical Science, Life Science

Two or three week clerkships:

Mental Retardation Specialty at Arizona Training Center, Coolidge, Arizona.

Specialty training in Mental Health Technology Department, Arizona State Hospital, Phoenix, Arizona.

Internship Following A.A. or A.S. Degree

Two to eight weeks at Ft. Logan Mental Health Center, Denver, Colorado.

PHILOSOPHY OF INSTRUCTION

The primary objective of the training program at Desert Willow Training Center is to help the trainees obtain the attitudes, skills and knowledge most people would agree are desirable if not absolutely necessary for working in the human services occupations; and to accomplish this objective without losing the benefits or strengths of a traditional academic education.

Approach:

While the trainee is at Desert Willow Training Center, he will be introduced to a blend of 20 or more subjects taught separately in most colleges, but for our purposes, clustered in groups of two or more. For example, most of psychology is taught as a whole. When the student leaves Desert Willow Training Center, he is then guided in the individual courses he has selected. But each time he returns to Desert Willow Training Center, the subjects are taught as a whole again. Consequently, over a two year period, he will be exposed to similar material at Desert Willow Training Center but meet the material from a different perspective each time as a result of his field studies.

Instructors:

So far as possible, the major instructors at Desert Willow Training Center will stay with the trainees throughout their training, corresponding with them, their tutors and preceptors and at least once during their training, visiting them in the field. The first week of each four week period at Desert Willow Training Center, the major instructors will review with the students their work in the field, counsel them, work with them on course revisions and give the final examinations for that semester.

Trainees:

The students will need to decide the kind of program they want and keep it up to date. They will need access to a cassette tape recorder and when it becomes available, a video recorder. They will need to work closely with their preceptors to develop appropriate practicums, select tutors and evaluate their progress as counselors. And they will need to maintain their course work correspondence with the Desert Willow staff.

Whenever practicable, trainees in the same locale should meet together to share their experiences.

Preceptors:

The preceptors are the key to the whole program. They are responsible for developing and evaluating the local practicums, serving as models for the trainee, and guiding them in their career development. The practicum coordinator will offer guidlines, keep preceptors informed about activities in other areas and offer any other help he can. But the major task of meeting local needs and developing appropriate skills for the Mental Health Technician position in his agency, rests with the preceptor.

Tutors:

The tutors for selected subjects might be drawn from educational institutions, hospital staff, or spouses of Indian Health Service employees. We shall work with you to obtain these services. For the most part, the tutors will be guided by Desert Willow Training Center staff.

Starting Dates:

October 10 through October 27, 1972
(Holiday break October 21, 22 & 23)

February 4, 1973 through March 3, 1973
(Only trainees who started in October or earlier)

February 11, 1973 through March 3, 1973
(New trainees and all others)

COURSE CLUSTERS TAUGHT AT DWTC

	COURSES	SEMESTER HRS.	PRIMARY INSTRUCTORS
Language Skills	English 92 (Aids to Learning)	3	Barbara Oakman
	English 101 (Composition)	3	
	English 210 (Technical Report Writing)	2	
Knowledge, Small Groups	Speech 220 (Group Discussion)	3	Ed Johnson
	Psychology 200 (Soc. Psychol.)	3	
	Social Science 110 (Personality Development)	1	
The Individual	Psychology 152 (Introduction)	3	Jerry Brownson
	Psychology 220 (Introduction to Abnormal)	3	
	Psychology 240 (Human Growth & Development)	3	
Knowledge, Large Groups	Sociology 100 (Introduction)	3	Phil Lord
	Sociology 150 (Social Problems)	3	
	Sociology 250 (The Community)	3	
	Anthropology 102 (Cultural)	3	
Community Projects	Social Science 290 (Field Project)	4	Fran Reierson
Health Skills	HPER 110 (Personal-Community)	3	Bud Bunch
	HPER 120 (First Aid)	2	
	Practicum Coordinator		Jerry Meketon
Counselor Development	1st year - MHT 151	4	Preceptors
	MHT 152	4	
	2nd year - MHT 251	4	
	MHT 252	4	

BRIEF DESCRIPTION OF COURSES

Language Skills

English 92 -- Fundamentals of Composition-Aids to Learning (3)

Designed to meet the needs of students in career programs. Emphasis will be placed upon such matters as techniques of learning, sentence structure, usage, punctuation, spelling, and paragraph development. Qualifies for the A.S. degree.

UNIT I - LISTENING (5 lessons) 45 minutes each

Tapes and worksheets. TQLR - explanation of method 3-15 minute lectures with worksheet to check on understanding of method. Test lesson.

UNIT II - STUDY METHOD (8-10 lessons) 1 hour each

Tapes and worksheets. EARTH - explanation of method - 6-8 lessons using text books on screen (where equipment available) to practice. Test lesson.

UNIT III - READING SKILLS (16-32 lessons) 1/2 hr. to 1 hr. ea.

Tapes and programmed materials-reading materials. Speed-comprehension, main ideas, outlining - 16 hrs.

UNIT IV - TEST TAKING (8-10 lessons) 1 hr. ea.

True and false, situational, multiple choice, essay: worksheets and tapes.

UNIT V - PROFESSIONAL VOCABULARY (16 lessons) 1/2 hr. ea.

Roots, prefixes and suffixes. Fifteen lessons 1/2 hour each. Programmed materials. Test lessons.

UNIT VI - SPELLING (20 lessons) 1/2 hr. ea.

Tapes and worksheets. Basic spelling rules. Endings. Common English words.

UNIT VII - SENTENCE STRUCTURE (50 lessons) 1/2 hr. ea.

Programmed learning and worksheets. Diagramming subject, verb, object, complete thought and puncuation.

UNIY VIII - PARAGRAPH STRUCTURE (50 lessons) 1 hr. ea.

Tapes and worksheets programmed. Five types of paragraphs. Four purposes-explanatory, inform, describe, expository, narrative, examples and letter writing.

UNIT IX - REVIEW (8 lessons) 1 hr. ea.

Tapes, TV and worksheets. Review of highlights of each unit.

UNIT X - TEST (1 lesson) 2 hrs.

Final tests for all units utilizing all different kinds of tests.

TIME INVOLVEMENT: Approximately 139-143 hours

Teacher's manuals included for each unit. Material to include general and medical subject matter. Students should have Diagnostic Ability Test, Reading Test and Composition Test before starting. If strong in an area, could take test to show strength and knowledge and not take unit.

English 101 -- English Composition (3)

Emphasis is on the student's developing his ability to write clear, concise, developed expository prose through student practice and class discussion of both student writing and professional models. The preparation of regularly scheduled papers is required.

English 210 -- Technical Report Writing (3)

Instruction and experience in writing proposals, case reports, recommendation reports, abstracts, progress reports, business letters, referrals, technical articles and correspondence.

Small Group Behavior

Speech 220 -- Group Discussion (3)

Designed to provide theories and experiences to students in spoken communication. Emphasis on group discussion procedures and analysis.

Psychology 200 -- Social Psychology (3)

Explores the facts and principles of sociology and psychology with emphasis on the individual and his reciprocal interaction with groups. Areas covered include basic psychological factors, social attitudes, language and communication, society and culture, small groups and their relation to the individual, leadership and group dynamics.

Social Science 110 -- Personality Development (1)

This course is designed to help the student adjust not only to college life but life in general. Self-understanding will be coached in terms of Transactional Analysis. The student will be expected to participate in group discussions to expand personality growth.

Psychology of the Individual

Psychology 151-152 -- Introduction to Psychology (3)

Basic principles and theories of behavior. Discussion of intelligence, aptitude, methods of psychological measurement and testing, drives and motives, emotions and reactions to stress, perception, learning, thinking, reasoning, personality; the response mechanism, communication processes, attitudes and social processes and frontiers of psychology.

Prerequisites for Psychology 152: one semester of psychology or employment in an area of psychology, or consent of the instructor.

Psychology 220 -- Introduction to Psychology of Abnormality (3)

Course includes the study of normality, abnormality, models of psychopathology, neuroses, psychoses, psychosomatic disorders, and criminal behavior. Theories of mental disorder and principles of various forms of psychotherapy will be discussed.

Psychology 240 -- Introduction to Human Growth and Development (3)

An advanced study of the physical, intellectual, emotional, and social development from conception through adulthood.

Large Group Behavior

Sociology 100 - Introduction (3)

An introduction to the basic concepts of sociology, the sociological approach to knowledge of group behavior, with particular attention to social institutions and the functions they serve.

Sociology 150 - Social Problems (3)

An analysis of social problems resulting from social change. Emphasis is on problems relating to urbanization, race relations, juvenile delinquency, inter group relations, mass media and mental health. Studies of local phases of selected problems, field trips and guest lecturers are scheduled.

Special emphasis is placed upon health problems of the individual in the home and community.

HPER 120 -- First Aid and First Level Physical Diagnosis (2)

This does not call for first aid in the full range of orthopedic situations, etc., or physical diagnosis comparable to that of a nurse. Rather it is that level of skill in first level diagnosis that would be expected of a rather sophisticated parent.

Basic skill in recognizing the therapeutic, toxic, allergic and side effects of the most commonly used psychotropic drugs.

Basic skill in recognizing and evaluating the signs and symptoms of common illnesses (i.e., childhood diseases, heart attacks, epilepsy, drug abuse, delirium tremens), including basic skills in taking temperatures, pulses and respiration and knowing the elementary significance of each.

Baisc skill in first aid for common medical problems (heart attacks, epileptic seizures, etc., but not necessarily trauma as in highway accidents).

Basic skill in making appropriate referral or counseling clients and families when physical signs or symptoms present themselves. (This involves avoiding inappropriate and unnecessary referrals as in the case of a sophisticated parent). Qualified students in this course may have an opportunity to secure standard Red Cross certificates.

Sociology 250 -- The Community (3)

A study of the development and organization of institutions in human communities of various types, to include the following:

- Nature of the individual and the community
- Problem identification, categorizing and priority setting
- Planning
- Community program development
- Management of community programs
- Communications
- Community analysis skills
- The politics of community action
- Leadership
- Evaluation of community programs

Anthropology 102 -- Anthropology (Cultural) (3)

Introduction to anthropology concentrating on the principles and concepts of cultural and social anthropology.

Emphasis is placed upon understanding the key concepts of cultural anthropology and applying them to living, changing cultures.

Community Projects

Social Science 290 -- Field Projects in Mental Health (4)-- Extensive Field Work Required

Emphasis on how to organize field data into a written project proposal; how to present proposal; how to carry out and evaluate project.

Health Skills

HPER 110 -- Personal and Community Health (3)

A study of the significance of physical, mental and social health to the individual and to society. Community health programs are considered, as well as their relation to the national situation.

OTHER COURSES PLANNED FOR DESERT WILLOW TRAINING CENTER

History 100 -- Indians of the Southwest (3)

Designed for those wishing background in the cultural history of the various Indian tribes of the southwest. Geography, tribal grovernment, and the economic problems of various Indian groups will be covered.

Philosophy 100 -- Philosophy: An Introduction (3)

Representative philosophical problems and proposed answers in knowledge, metaphysics, politics, religion, and value will be critically assessed in probing the nature of man and his world.

Philosophy 110 -- World Religions (3)

This is an historical survey of the great world religions with special treatment of their concepts of god, creation, man, scripture, ethics, and salvation. This rational analysis will concentrate on Animism, Shintoism, Jainism, Zoroastrianism, Hinduism, Buddhism, Taoism, Confucianism, Judaism, Mohammedanism and Christianity.

Art 100 -- Introduction to Art (3)

To develop enjoyment and understanding of art as relevant to society through a non-studio study of visual design and subsequent analysis of architecture, sculpture and painting of several cultures including the Indians of North and South America.

Music 100 -- Music Appreciation (3)

Survey of music history and literature; emphasis on listening to and evaluating all types of music with particular attention to the American Indian contribution. It includes the works and influence of the major composers, the media through which music is produced--instruments of the orchestra and voice, solo and ensemble; elements, form and terminology. Current events are stressed, and attendance at "live" concerts, and selective radio and TV listening are encouraged.

Counselor Development

PRACTICUMS*

Mental Health Technology - 151-251 (4)

Emphasis upon one-to-one relationships.

Mental Health Technology - 152-252 (4)

Emphasis upon groups, as facilitator, organizer and participant.

*Practicums are continuous and developmental so long as the trainee is in the program. They are conducted under the guidance and direction of the trainee's preceptor and will vary to suit local needs and requirements.

Mental Health Technician Clerkships

Part of second year training. Two weeks spent at Arizona State Hospital under the supervision and instruction of the Mental Health Technology Department. Depending upon the student's needs, training in psychological testing, behavior modification, ward management, counseling the severly disturbed, etc., will be offered.

Other clerkships will be offered as they become available.

APPENDIX C

MENTAL HEALTH TECHNICIANS IN THE INDIAN HEALTH SERVICE: A LOOK AT THEIR ROLES AND FUTURE TRAINING NEEDS

Jerry Meketon and William Brodt

One of the training programs developed by Indian Health Service for mental health technicains was started at Desert Willow Training Center almost three years ago and has evolved over this period to include many training resources.

The purpose of this study was to determine the acceptance of mental health technicians among the IHS Administrative Staff, and to disclose weaknesses in the training which might be corrected by modifying the instructional program.

A questionnaire was distributed throughout the IHS Areas to a sampling of program directors. Results indicate a favorable attitude toward the quality of services provided by Mental Health Technicians. Five different skills areas were identified where additional Mental Health Technician ability would be desirable.

The majority of Indian Health Service clinics and hospitals are located in the rural areas of the United States. Nearly all of them are located great distances from the training center for mental health technicians in Tucson, Arizona. For this reason, a survey questionnaire was selected as the most practicial means of obtaining feedback information regarding mental health technicians.

The objective of the questionnaire was to learn how well the mental health technicians had been accepted by the professional staff of Indian Health Service, to learn what types of occupational roles the technicians had assumed, and to generate a better picture of future training needs for mental health technicians.

A questionnaire consisting of nineteen statements was constructed. Thirteen items requested scaled responses which permitted easier tabulation of data. The remainder called for an open-minded reply in order to obtain the fullest possible range of opinions concerning the technician program.

Following examination of the completed surveys, it was determined the responses to five of the open ended questions were suitable for coding into one of the following catagories:

a) Basic mental health concepts
b) Communication skills
c) Counseling/therapy skills
d) Social services or community development skills
e) Program management
f) Other, miscellaneous
g) Did not understand or failed to reply

The five questions which were coded in this manner by a disinterested person all attempted to determine whether the training program was placing sufficient emphasis upon the various skills required of a mental technician. By coding the written responses, it became possible to identify clusters of training needs which could be either incorporated into the basic two year program or added as a continuing education program for qualified technicians.

The questionnaire was distributed to health care program directors throughout the Indian Health Service. Some of these directors were responsible for patient care in small outpatient facilities.

Others were engaged in upper level management in staff positions. Respondents represent a sampling of the entire hierarchy of program management within the Indian Health Service.

Descriptive statistics and correlations were computed for the thirteen scaled and five coded questions. The responses were also correlated with other factors regarding the mental health program at the facility where the respondent worked.

Results:

Sixty-seven scoreable questionnaires were returned out of a possible 112. These respondents held a variety of positions varying from director of a mental health clinic to Indian Health Service Area Director. About half of the responses were from directors of Indian Health Service clinics or hospitals. In general, the respondents were managers of health care systems rather than direct supervisors of mental health technicians.

The interval scale used for thirteen questions consisted of a six point range varying from "NOT AT ALL" which received a "1" to "VERY MUCH" which received a "6". A summary of the responses to these questions follows:

1. To what extent are you, personally, familiar with the roles and responsibilities of the Mental Health Technicians at your institution?

The mean response value of 4.6 indicates a high awareness level. Seven people did indicate "NOT AT ALL", but 51 responses were in the upper half of the scale.

2. To what extent do you ask the Mental Health Technicians in your institution to participate in program planning and development?

The mean response of 3.9 indicates some participation in planning. The actual distribution of responses was nearly uniform across the scale. Hence, in some cases the Mental Health Technician has considerable input into planning, in other cases none at all.

3. How essential is the Mental Health Technician in the treatment program at your institution?

4.2 was the mean response. Eight people indicated "NOT AT ALL", otherwise responses were quite favorable.

4. To what extent, if any, has there been an increase in the roles and responsibilities of the Mental Health Technician in your institution in the past three years?

Elven people indicated none. The remainder were mostly very positive so the mean response was 4.5

5. To what extent would you like to see a change in the roles and responsibilities of the Mental Health Technician in your institution?

Responses here were spread throughout the entire scale almost uniformly.

7. To what extent do the Mental Health Technicians in your institution appear reluctant to change roles, assume new responsibilities?

Nearly all responses were less than a 4. and the mean response was 2.7.

8. To what extent have the Mental Health Technicians in your institution taken the initiative in suggesting to you new programs or roles for themselves?

Responses covered the entire range and appear nearly uniform.

10. To what extent is there a current need in your institution for more Mental Health Technician positions?

The mean response was 4.6

13. To what extent are the Mental Health Technicians at your institution expected to participate in treatment planning for any given patient?

The mean response was 4.2

14. To what extent are the Mental Health Technicians at your institution prepared for roles and responsibilities of "community psychiatry".

The mean response was 3.2

15. At your institution, to what extent could Mental Health Technicians be used in place of professionals?

The mean response was 4.2

17. How relevant are the roles and responsibilities of the Mental Health Technicians at your institution to your needs?

The mean response was 4.8.

18. What is the level of morale among the Mental Health Technicians at your institution?

The mean response was 4.4.

Responses to the five open-minded questions which were suitable for coding are as follows:

6. If you feel there should be a change in role and responsibility, please summarize your ideas as to what general direction these changes might take if future study does indicate potential value.

a) ----- 3
b) ----- 3
c) -----15
d) ----- 7
e) ----- 2
f) ----- 0
g) -----37

11. If you were given the money to hire five additional Mental Health Technicians how would you use them? In what roles?

a) -----12
b) ----- 6
c) -----26
d) ----- 8
e) ----- 3
f) ----- 0
g) -----12

12. In what three areas do the Mental Health Technicians at your institution need further training for your point of view?

a) ----- 2
b) ----- 7
c) -----33
d) ----- 1
e) ----- 4
f) ----- 4
g) -----16

16. What responsibilities do you see Mental Health Technicians as being able to handle?

a ----- 0
b -----21
c -----15
d ----- 6
e ----- 0
f ----- 0
g -----25

In these four questions, we see a strong tendency toward counseling and therapy skills. There is also a significant demand for both communication skills and the general area of social services or community development. While the respondents indicate satisfaction with the work of the technicians, and even believe they could replace professionals in certain cases, they see need for strengthening the technicians in certain areas.

APPENDIX D

SYNOPSIS

Mental Health Technology Program
Desert Willow Training Center

The Desert Willow Training Center Program in Mental Health Technology was designed to prepare Indian men and women who are employees of IHS, BIA or a Tribe to become mental health technicians. The program is accredited by Central Arizona College and students may earn Associate degrees. Those who are not interested in pursuing college credit may leave the program at various points and still earn some type of certification such as the IHS certificate.

The trainees spend several short sessions at DWTC to take specific courses and begin others. However, the major portion of their training is on their home reservations under their supervisor-preceptor. As the trainees become more sensitive to the scope of mental health disciplines, they are offered a range of continuing education opportunities in the form of workshops, clerkships and internships, lasting from three days to five weeks in Arizona and Colorado.

Current and Continuing Problems:

1. Meeting the immediate local training needs without confining the trainee to a myopic view of the mental health disciplines.

2. Many workers hold short term positions, making long term training difficult.

3. Obtaining a quality education without leaving the working setting for extended periods of time.

4. Objectively evaluating experience and training.

5. Defraying costs of tuition.

6. Utilization of IHS and non-IHS training facilities -- coordination and supervision is still difficult to achieve.

7. Appropriate guidance in course selection and career planning.

8. Transfer of credits among health programs.

Changes in Mental Health Technology Program:

The first year the Mental Health Technology Program was in operation, trainees came to Desert Willow Training Center for four week periods two or three times a year. Currently, new trainees come for two weeks for the basic program and afterwards, for one to two weeks three times per year. After the basic course, the time spent at Desert Willow Training Center varies with the trainee's needs and work-load.

Curriculum design has also been changing in the direction of self-contained mini-courses, applicable to several academic courses and aimed more specifically at the skills and knowledge expected of the human service worker. Also, beginning in August, 1974, the Administrative Officers Training Program will sponsor at Desert Willow Training Center a three week course in Math and Lab Science. Previously, trainees had to take these courses off campus to complete their associate degree requirements.

Future Plans:

Depending upon how out-of-state tuition problems can be resolved, the Mental Health Technology Program plans to move in the following direction:

1. Convert all courses into mini-courses, each self-contained with specific objectives, pre and post tests and running time no more than 10 hours. The mini-courses (approximately 12 per academic course) will be adaptable to several different programs and can be rearranged to fit each trainee's needs.

2. Develop a one week evaluation session which will demonstrate the trainee's current strengths and weaknesses as a human service worker. Interviewing skills, theories of human behavior, reading and writing skills, problem-solving are some of the areas that would be evaluated. From the results of this session, the trainee could be credited with what he already knows and an individualized program of continuing education could be prepared for him. Then the trainee, his preceptor and agency chief can work out the extent of the trainee's participation and the pace with which he can complete his program.

3. With the cooperation and assistance of agency chiefs and supervisors, open the total program to all Indian human services workers regardless of their job title (CHRs, CHMs, Alcoholism counselors, etc.). Offer assistance in evaluating their past credits, guidance in planning their own program and supplying them with course work that can be completed at their field station.

DRAFT
April 19, 1974

APPENDIX E

PROPOSAL
MODIFICATION AND EXPANSION
MENTAL HEALTH TECHNICIAN PROGRAM
DESERT WILLOW TRAINING CENTER
INDIAN HEALTH SERVICE

I. INTRODUCTION

In response to the paper presented by Mr. Prime on March 15th and the charge to the PAC subcommittee on March 27, the following draft proposal has been developed. It outlines the potential expansion of the Mental Health Technician Program at Desert Willow to a more generic and comprehensive Human Services Technician Training Program of which the Mental Health Technician Program would be a part. It further suggests how the program could be expanded to accommodate 80-90 new students per year or a total of 160-180 regularly registered students.

A synopsis of the Mental Health Technician Program dated February 1974 briefly describes the current operation and future plans. This paper enlarges upon the synopsis detailing the academic content and processes, the organizational structure needed to develop the program, procedures for program evaluation, transitional phases, coordination with other programs and an addendum suggesting other possibilities or modifications.

II. THE PROGRAM

A. Content

The expanded program in Human Services Technician Training would encompass five specialties: Recreation Activities Specialist, Vocational Rehabilitation Technician, Alcohol and Drug Counselor, Social Services Technician, and the current Mental Health Technician Training Program.

In graphic form the programs would be arranged as follows, with curricular modes approximately as indicated.

HUMAN SERVICES TRAINING PROGRAM

<table>
<tr><th></th><th>Mental Health Technician</th><th>Social Services Technician</th><th>Alcohol & Drug Counselor</th><th>Vocational Rehabilitation Technician</th><th>Recreation Activities Specialist</th></tr>
<tr><td>Core Curriculum</td><td colspan="5">Desert Willow Training Program ----------------------------------
(C.A.C. Requirements) & Correspondence in conjunction
with preceptors & tutors
Math
English
Soc.
Etc.</td></tr>
<tr><td>Field Experience</td><td colspan="5">Existing employment ---
Preceptor (employer) supervision?----------------------------------
(Counseling & tutoring---</td></tr>
<tr><td>Internships & Practicums</td><td>Medical
Psychiatric
Community</td><td>Medical
Psychiatric
Social
Casework
Group Work
Community
Org. & Dev.</td><td>Detoxification
Residential
(Synanon, MH Hosp.)
Alcoholics Anonymous
Therapeutic Community
Methodone Maintenance</td><td>Psychometric Evaluation
Vocational Evaluation
Work Examples
Job Develop.
Rehab. Couns.</td><td>Psychiatric
Community
Schools
Geriatrics</td></tr>
<tr><td>Special Workshops</td><td colspan="5">Individual skill assessment ------------------------------------
Communication skill development ----------------------------------
Group dynamics ---
Team building --
Community organization and development ---------------------------
Technical expertise building -------------------------------------</td></tr>
</table>

This particular type of program hierarchy seems to fit the types of requests coming from the field and is consistent with a core curriculum, modular system. Briefly, there would be a core curriculum required through each of the five programs, with specialization in terms of course work, internships and other learning experiences unique to each. Curriculum development work to date has emphasized this approach and the use of mini-courses or modules will easily accommodate further development in this direction.

The following chart indicates how the program might be divided on a functional and curricular basis:

INSTRUCTIONAL MODE

		Individual Instruction	Group Instruction
CURRICULAR EMPHASIS	Work Related	Instructional work with preceptor	Semester workshops on site & at Desert Willow
		Conferences & consultation on site & at Desert Willow	Summer workshops
	Degree Related	Internships & course practicums	Desert Willow Intensive Classroom Training Program
		Instructional work with preceptor	

B. Process and Structure

The content described above will be delivered to the students through several procedural avenues.

1. Classroom training - For a total of approximately 160 hours per year, the training will include normal classroom procedures, presentation of modules, mini-courses and courses consistent

with the entire curriculum of a two-year training program leading to an Associate Degree.

2. Internship program - For approximately 120 hours an internship will be undertaken. Arrangements have been made through institutions such as the Fort Logan Community Mental Health Center and the Arizona State Hospital, both of which are prepared to accept larger enrollments of Indian trainees. Other possible liaisons with training facilities are opening in California, Utah, Colorado, Kansas, Arizona, North Carolina and Florida.. The internship practicum program could be expanded and cooperative arrangements with other appropriate training stations made so that programs of varying length can be undertaken throughout the year.

3. Preceptor relationship - 120 clock hours will be spent in one to one or small group work with a preceptor. The preceptor role is currently being defined and redefined as curriculum and procedures develop. In essence, it centers around a connection between the students and a professional in the student's discipline, often his supervisor on the reservation. The preceptors come to Desert Willow occasionally for workshops and training programs concerned with methods for working with the students, and are in close connection with program faculty.

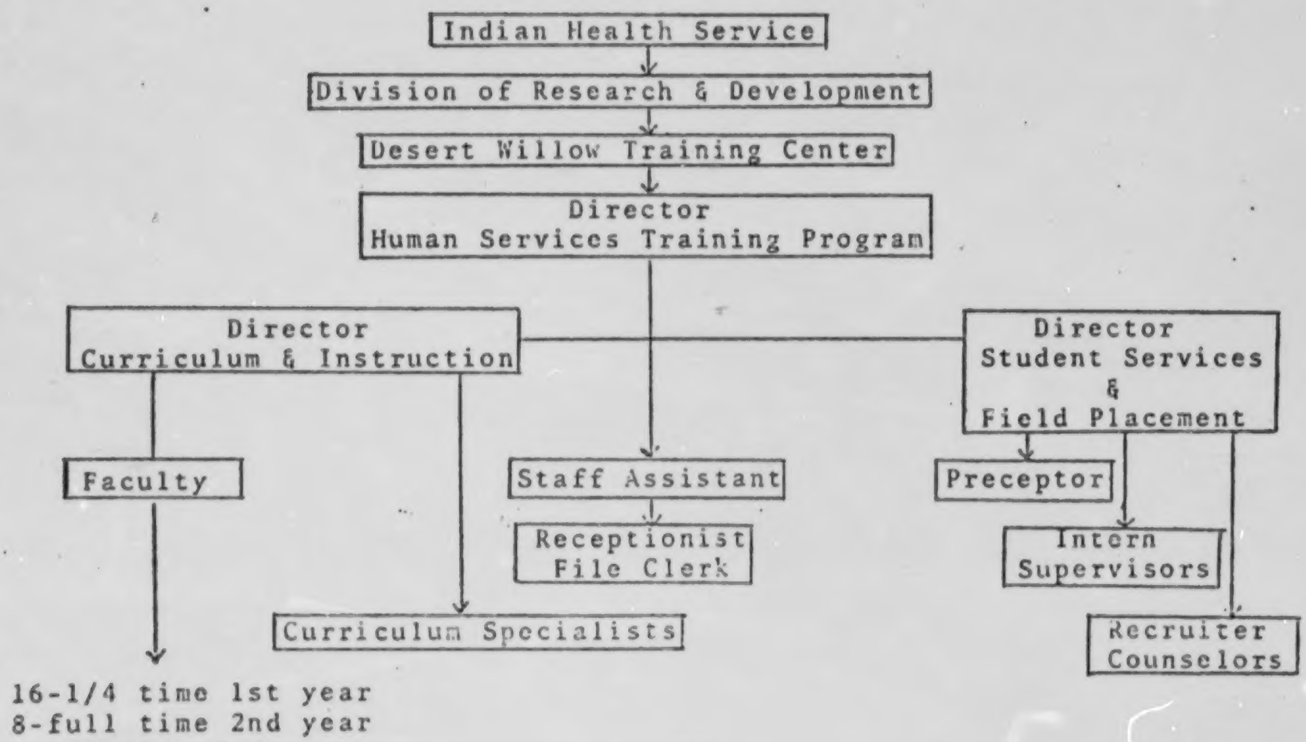
4. Summer workshops - 52 clock hours of summer workshops will be undertaken by the student, either on the reservation, at Desert Willow or elsewhere. The workshops will deal with training needs of the students, not necessarily related to their own reservation, but not being met in either the academic or internship aspects of the program.

As is indicated on the chart, a student will be able to undertake the Desert Willow portion of the program in his choice of any one of four training cycles totaling four weeks per year. This arrangement allows flexibility for the student, and at the same time balances the demand for staff time and facilities. The three week time unit is for two groups of students; 1st year and 2nd year. The 2nd year students will arrive first and spend a week, then the new students arrive and are with the 2nd year students for a week. The 2nd year students then leave, and the new students remain for their second week.

No regular class sessions will be held at Desert Willow during March, June, September and December, allowing time to schedule any special workshops during the semester, either at Desert Willow or on the reservation.

C. Staff and faculty positions necessary for the accomplishment of the program.

HUMAN SERVICE TRAINING PROGRAM
ORGANIZATIONAL STRUCTURE


Indian Health Service
Division of Research & Development
Desert Willow Training Center
Director
Human Services Training Program
Director
Curriculum & Instruction
Director
Student Services
&
Field Placement
Faculty
Staff Assistant
Preceptor
Receptionist
File Clerk
Intern
Supervisors
Curriculum Specialists
Recruiter
Counselors
16-1/4 time 1st year
8-full time 2nd year
8-1/4 time 3rd year

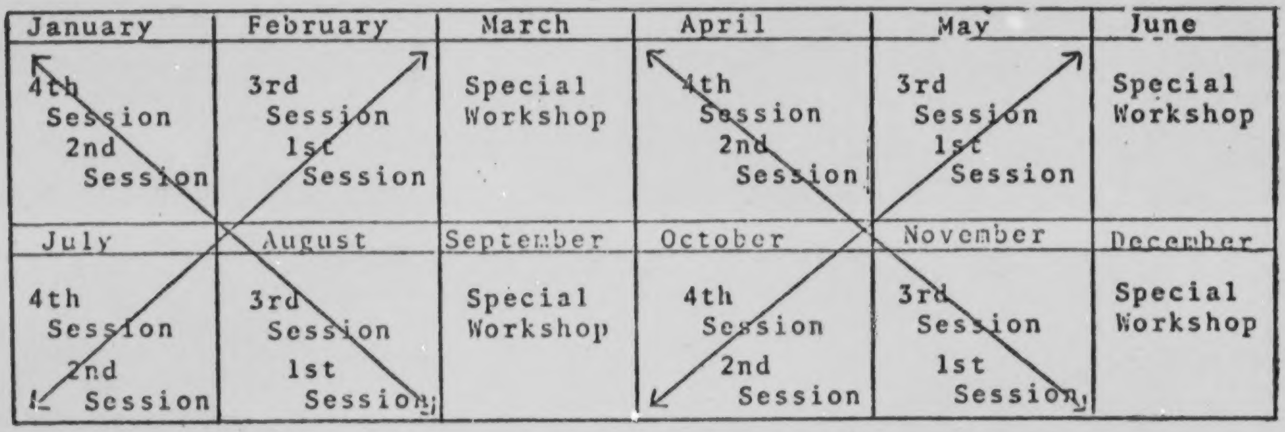
5. Semester workshops - On-site workshops will be conducted during the regular semesters for small groups of students, by the program staff. Each participant will experience a total of 36 hours of workshops related directly to the job skills that are required in his job on the reservation and will develop an individual, specific action plan centered on his particular role.

6. Conferences - A total of 12 clock hours of individual conferences with the Director of Student Services and Field Programs or faculty members will be held on the reservation, generally individually, but possibly in small groups.

The number of clock hours thus totals 500, which is equivalent to the number of classroom hours spent per year in a regular two-year college degree program by the average student. In addition, a number of hours can be considered as part of the program both in study for the course work and in the student's regular work, as it applies to the training program, and as experiences extracted from the students work become part of the learning situation.

The following chart indicates the division of the program into a schedule:

SUMMARY - STUDENT SCHEDULE FLOW CHART



January	February	March	April	May	June
4th Session 2nd Session	3rd Session 1st Session	Special Workshop	4th Session 2nd Session	3rd Session 1st Session	Special Workshop
July	August	September	October	November	December
4th Session 2nd Session	3rd Session 1st Session	Special Workshop	4th Session 2nd Session	3rd Session 1st Session	Special Workshop

The three staff positions in the program would have the following roles:

1. Director, Human Services Training Program

    Administrator and supervisor of the program

    Relationships to:

        Tribal councils and individuals

        Public Health Service

        Indian Health Service

        Institutions of higher learning

        Others

    Budget planning and implementation

    Program planning

    Development of professional credentialling for students

2. Associate Director for Field & Student Services

    Identify and supervise preceptors, intern supervisors, recruiter counselors

    Job/career ladder development

    Develop and coordinate intern placements

    Student recruitment

    Program evaluation

    Provide curriculum feedback data

3. Associate Director for Curriculum & Instruction

    Recruit, hire and supervise faculty, curriculum specialists

    Develop and implement staff in-service training program

    Responsibility for continuing curriculum development

    Program evaluation

III. PROGRAM EVALUATION

On a small scale, the Mental Health Technician Program has always been involved in evaluation both as a basis for altering curriculum and to increase participation of field personnel in shaping the program. If the program is expanded, additional sources of information would be included, such as the clients of trainees, and feedback could be more frequent and more effectively utilized.

Examples of program evaluation currently in use:

1. Recognition outside the Indian Health Service
   - a) Central Arizona College accredits the Mental Health Technician Program at the one year career certificate and the associate degree level. Their curriculum specialist will review all aspects of the program.
   - b) The National Association for the Human Services Technologies (the largest of the New Careers Professional Associations), has given the Mental Health Technician Program special recognition. They have also offered to evaluate changes in the program.
   - c) More than half of the trainees sent to practicum and internship stations such as Fort Logan Community Mental Health Center, Denver, Colorado and Arizona State Hospital, Phoenix, Arizona, have been offered positions at these institutions. The staffs of these institutions will continue to evaluate trainees and send out copies of there evaluation to trainees and the program coordinator.

2. Within the Indian Health Service

a) Both trainees and preceptors follow a semi-structured format twice a year designating short term objectives for the trainees and how successfully they meet them.

b) Ideas and opinions about Mental Health Technician training and utilization are solicited from agency administrators and professional staff.

c) Trainees evaluate their training at different intervals using both standardized questionnaires and group discussions.

d) Preceptors are called to meet at least once a year to critique the program.

e) We attempt to keep track of community projects the trainees either initiate or become involved in as a result of their training, for example, a mental retardation center at Hopi, a recreational facility at San Juan Pueblo, and Indian health center in Sacramento, California.

3. Personal

a) What are the characteristics of an ideal mental health worker? This question is difficult to answer within the traditional mental health disciplines. Given the many different mental health vocations or job descriptions, the problem is compounded. Then add tribal and community differences and the answer is not likely to be singular.

b) Consequently, we have developed at DWTC instruments to uncover (at least somewhat), these differences and measure how closely each trainee is meeting the ideal for his area. Preliminary results are encouraging.

c) A Health Worker Trait Inventory has been printed and is currently being used to study the characteristics ideally ascribed to Community Health Representatives, Community Health Medics, Indian and non-Indian Mental Health Technicians. Preliminary results suggest a core of common characteristics which could be learned and therefor made part of all training programs.

4. Task Analysis

MASTA has developed a comprehensive task inventory that includes social services, mental health work and health education. Although not currently used, it could be instituted as a recurring evaluation tool.

IV. TRANSITION

The alteration of the Mental Health Technician Program into the Human Services Technician Training Program can be done gradually, built on existing modes of operation. Cross utilization is already ocurring between the Mental Health Technician Program and the Community Health Medic, Administrative Officers Training, Health Services Management, Community Health Representative and Audio Visual programs and will no doubt continue. These linkages could be strengthened, however, and more rationally structured. In addition, links with other programs inside and outside IHS might be developed.

The development of mini-courses and modules can be fruitfully continued, especially since Haskell College and possibly Central Arizona College will print them for us at no cost to the program. However, pending a better identification of actual field needs and most preferred approaches to training, at least one step is indicated before enlarging to any great extent our staff pattern. A two-week "core" course in Human Services should be developed for field presentation that would have long term educational options and incorporate such skills training as: establishing effective helping relationships, report writing, group work and community organization. Once this is available to allied health workers, the extent of the response and the demand for more should give us a much clearer indication of field needs, especially as perceived by tribal personnel.

V. OTHER POSSIBILITIES AND MODIFICATIONS

1. Collaborate with the American Association of Community and Junior Colleges and the American Society of Allied Health Professions to set up a consortium of colleges which would waive most or all residency requirements, contract for a degree (regardless of how many colleges a student attends) and accept for credit IHS training. Might be ideal for upward mobility and career development. Some ground work is already laid.
2. Collaborate with Bureau of Indian Affairs colleges to extend credits to IHS training, to mutually utilize facilities and to ultimately merge career development opportunities.
3. Expand Mental Health Branch activities to set up special liaisons between reservations and near by colleges. The Albuquerque office does this now.
4. Select outstanding service-training institutions around the country such as Menningers, Fort Logan, Arizona State Hospital. Have them collaborate with IHS staff and local academic institutions to form a network of training opportunities. For example, at $90.00 a month per trainee, Fort Logan can feed, train and supply conference rooms for 10, possibily 20 of our trainees at a time.
5. Have all academic courses taken at local community colleges. Only workshops, practicums and internships offered through IHS, with arrangements for credits made through the trainee's own college, if he is going to one.
6. A position for a clinical psychologist is already designated for Phoenix Indian Medical Center, though not currently funded. Propose making this a joint service-instructor's position and adding two graduate Mental Health Technicians. These three would be available

for direct clinical service, inservice training instruction and extramural training. Phoenix Indian Medical Center would then be an internship-practicum resource and could accommodate other types of mental health training. A joint appointment between a local college or university and Phoenix Indian Medical Center might be arranged too and could be a recruitment inducement as well as aiding inter-institutional relationships.

7. There are several colleges which have programs designed especially for Indian students and their communities. For example, the Santa Cruz campus of University of California has a one year alcholism treatment program and Brigham Young University has an associate degree program in Public Health with specialties in sanitation, nutrition, mental health and alcoholism. These schools will need practicum facilities, and internships to supplement their programs. We might want to cooperate with them.

8. Given the growth of learning center facilities and the potential expansion of the Desert Willow Training Center Media Center, the mental health program might focus entirely upon the development and piloting of packaged programs for the field. These programs might be brief, dealing with a single subject, or full scale courses to either supplement existing training or form the basis for field training.

9. Another possibility is the development of specialty programs in mental health practices for both professionals and allied health personnel who find their clinical work more involved with this area than their training has equipped them to handle.

10. Finally, we might concentrate on the training of trainers--not only conducting courses in training techniques but supporting those who fill these roles with equipment and technical assistance.

SAMPLE

CURRICULUM OUTLINE
FOR
HUMAN SERVICES TECHNOLOGY

This curriculum developed out of the Mental Health Technology Program and allows for both a greater degree of specialization and a more flexible approach to transfer of credits within the allied health field. Trainees employed in a variety of human services positions could earn credits toward a degree while pursuing their specialty and be able to switch specialties, should the need arise, with but minor loss in credits. Furthermore, a student would have a number of options open to him: choice of credit or non-credit; choice of field workshops and practicums; choice of pursuing a career certificate or degree or both.

General Educational Requirements

Language Skills:		Credit Hrs
English 92:	Aids to Learning	3
English 101:	Composition	3
and/or English 210:	Report Writing	3
Humanities		
Art 100:	Appreciation and Craft	3
Science and Math		
Biology 100:	Introduction and Lab	4
Math 100:	Basic Math	2-4
Social and Behavioral Science		
Any of the following:		
Psychology 151 or 152:	Introduction	3
Anthropology 102:	Cultural	3

Social and Behavioral Science Cont'd

Sociology 100:	Introduction	3
Sociology 150:	Social Problems	3
Sociology 250:	The Community	3

Core Requirements for Career Development Certificate

English 92	3
Psychology 151 or 152	3
Social Science 110	1
Speech 220	3
Anthropology or Sociology	3
HPER 110	3
HPER 120	2
Social Science 290	3-4

A minimum of 1 practicum or 1 internship

A minimum of 6 credit hours in specialty

Core Requirements for Associate Degree

1. All general education requirements
2. Minimum of 1 practicum and 1 internship
3. Minimum of 15 credit hours in specialty
4. Minimum of an additional 20 credit hours selected from among any of the following:
    - Human Service Practicums or internships
    - English 210 or 101
    - Sociology 150
    - Sociology 250
    - Psychology 200
    - Psychology 220
    - Psychology 240

Core Requirements for Associate Degree Cont'd

Social Science 290

Social Science 110

Speech 220

HPER 110

HPER 120

Anthropology 102 or Sociology 100

5. Total credit hours for graduation = 64 or more

Specialty Areas

Each trainee will choose one specialty area and, in consultation with his preceptor and agency director, select at least 15 credit hours of course work from that area:

Mental Health Technician	Credit Hrs.
Abnormal Psychology	3
Social Psychology	3
Human Growth and Development	3
Marriage and the Family	3
Community Services	2
Drug Use and Abuse	2
Psychiatric emergencies	3
Introduction to Transactional Analysis	3
Introduction to Behavior Modification	3
Introduction to non-directive counseling	3
Concepts of Health & Disease	2
Introduction to Social Science Statistics	2
Psychiatric Drugs	3

Social Work Technician	Credit hrs.
Introduction to Social Services	3
Community Services	2
Marriage and the Family	3
Abnormal Psychology	3
Social Psychology	3
Human Growth and Development	3
Drug Use and Abuse	2
Introduction to Transactional Analysis	3
Introduction to Behavior Modification	3
Introduction to Non-Direct Counseling	3
Concepts of Health and Disease	2
Audio-Visual Machines and Media	3
Alcohol and Drug Counselor	
Treatment Approaches to Alcoholism	3
Psychiatric emergencies	3
Drug Use and Abuse	2
Marriage and the Family	3
Abnormal Psychology	3
Concepts of Health and Disease	2
Introduction to Transactional Analysis	3
Introduction to Behavior Modification	3
Introduction to Non-Direct Counseling	3
Audio-Visual Machines and Media	3

Vocational Rehabilitation Technician	Credit Hrs.
Introduction to Social Services	3
Community Services	2
Marriage and the Family	3
Introduction to Psychometric Evaluation	3
Introduction to Social Science Statistics	2
Vocational Analysis	3
Rehabilitation Counseling	3
Drug Use and Abuse	2
Treatment Approaches to Alcoholism	3

Recreation Activities Specialist	
Introduction to Recreation	3
Elementary Games and Activities	3
Audio Visual Machines and Media	3
Concepts of Health and Disease	2
Community Services	2
Team Sports (officiating)	2
Rehabilitation Counseling	3
Psychiatric Emergencies	3
Crafts	2
In addition, trainee must demonstrate skill in theory and practice of 3 individual sports and 5 group sports (1 credit hour each)	8

New Courses Requiring IHS and/or College Approval:

Course	Credit Hrs.
Marriage and the Family	3
Community Services	2
Drug Use and Abuse	2
Psychiatric Emergencies	3
Introduction to Transactional Analysis	3
Introduction to Behavior Modification	3
Introduction to Non-Directive Counseling	3
Vocational Analysis	3
Rehabilitation Counseling	3
Introduction to Recreation	3
Elements of Games and Activities	3
Team Sports (officiating)	2
Crafts	2
Sports	1-8
Concepts of Health Disease	2
Introduction to Statistics for Social Services	2
Psychiatric Drugs	3
Introduction to Social Services	3
Audio-Visual Machines and Media	3
Treatment Approaches to Alcoholism	3
Psychometic Evaluation	3
Human Services Practicums 151-152	6-12
Human Services Internships 251-252	6-12

Courses Credited by Examination

Challenging examinations will be prepared for the following courses. However, the student will only be admitted to these examinations if he has satisfactorily passed preliminary tests on course content or is judged qualified by his preceptor to sit the exams.

Course	Credit Hrs.
English 92	3
English 101	3
Sociology 100	3
Sociology 150	3
Sociology 250	3
Anthropology 102	3
HPER 110	3
HPER 120	2
Crafts	2
Sports	1-8
Community Services	2
Drug Use and Abuse	2
Concepts of Health and Disease	2
Team Sports (officiating)	2
Psychiatric Drugs	3

MENTAL HEALTH TECHNICIAN SPECIALTY

Sample Schedule Following Academic Calendar for Registration

Semester		Credit Hrs.	Credit by Examination	Credit Hrs.
Fall I	Psychology 151 or 152	3		
	Social Science 110	1		
	HPER 120	2		
Spring II	Anthropology 102	3		
	Speech 220	3		
Summer III	Biology 100	4	English 92	3
	Mathematic 100	2	HPER 110	3
	English 101	3	Social Science 290	4
Fall IV	Psychology 220	3		
	Psychology 240	3		
Spring V	English 210	3		
	Psychology 200	3		
Summer VI	Practicums and/or Internships	10-12	Sociology 150	3
			Sociology 250	3
Fall VII	Art 100	3		
	Introduction to Transactional Analysis	3		

APPENDIX F

Human Services Orientation and Guidelines to Certification

The term "human services" can lead to confusion since it covers several fields and many job titles, is not a profession in itself (though heading in that direction), and is applied somewhat differently by different groups (c.f., "New Careerists", Human Services Manpower Career Center, National Association Human Service Technologies). Nevertheless, at this writing, there are certain general limits applied to its use most places in the country:

1. Usually the human services worker is academically below the master's degree.
2. A person-to-person relationship is crucial to the provision of service and the worker's personal response to his clients is by far the major service tool.
3. The human services worker is more apt to be found in preventive and crisis interventive activities than rehabilitation specialties requiring extensive education and experience. In this sense too, he is more often a generalist than a specialist.
4. He is currently rendering services in education, vocational and recreational counseling, health care and social services, cultural development, corrections, housing authorities and personal guidance related to individual development and rehabilitation.

Regardless of job titles, there is a foundation knowledge and skill basic to all human service work: The worker must have some theoretical guides to understanding human bahvior. He must have a therapeutic style or system for aiding clients to develop their own strengths. He must have a means of working with comlicated social systems, whether for utilization of referral resources or for organizing community projects.

Proposal for Career Development Certification in Human Services Utilizing Basic Knowledge and Skills Applicable Throughout the Field

Credentials such as degrees, diplomas and certificates are still important ingredients for career advancement and for access to the technical and professional levels of human service systems and agencies. The career development certificate realistically could be the first major step as a general credential and this is the step we propose.

Although much progress has been made, there is still a problem in integrating work with accredited training leading to certification or a degree. "Strategies for telescoping the conventional time-span required to earn degrees have been developed, including the use of proficiency testing to enable student-workers to secure advanced standing, credit for in-service training, patterns of work-study modeled on the cooperative education approach, and even credit for "life experience" (on the assertion that it is relevent to effective performance). These are all elements in a strategy designed to provide alternative routes to meaningful credentials for those who are excluded from the conventional, traditional means of access to them." However, until these methods are clearly operable, we shall pursue a more conventional strategy.

Program Outline

A. Minimum of 29 semester hour credits required for graduation.

B. Required courses:

	SHS
Introduction to Human Services	3
Introduction to Applied Psychology	3
Speech 220 (Group Discussion)	3
Child Growth and Development	3
Field Practicum	2-5
First Aid (Red Cross certificate will substitute, but not necessarily earn semester hour credits)	2
English (100, 101, 102, or 210)	3
Principles of Non-Directive Counseling Behavior Modification OR Transactional Analysis	3
(Other workshops may substitute for requirements, but not necessarily earn semester hour credits)	

C. Electives (most of these courses can be taken at Central Arizona College or other colleges and are transferable to associate degree programs. Many of them may be offered at Desert Willow Training Center also.

	SHS
Basic English 100	3
English Composition 101	3
English Composition 102 (research paper required)	3
Technical Report Writing	3
Math 100	3
Math for Health Services 170	3
Introduction to Psychology	3
Introduction to Abnormal Psychology	3
Human Growth and Development	3
Social Psychology	3
Social Problems	3
The Community	3
Cultural Anthropology	3
Personal and Community Health	3
Introduction to Art	3
Biology 100 with Lab	4
Marriage and the Family	3

D. Specialty Courses: SHS

Introduction to Human Services 3

This is a two week course with a minimum of 60 student contact hours, having three major objectives:

1. increasing skill in understanding and using the helping relationship; communication and counseling
2. Development of skills in program-wide action planning or problem solving, and the production of a useful plan for action in the participants' own home situation.
3. An understanding of the roles and relationships in the Human Services, professional and paraprofessional, and their related disciplines, such as psychology, sociology, and mental health.

Introduction to Applied Psychology 3

This is essentially a two week course, minimum of 60 student contact hours, having the following major objectives:

1. Improved skill in counseling and the one-to-one helping relationship.
2. Increased knowledge of counseling theory compatible with students' current experiences and skills.
3. Increased confidence by the students in their helping abilities, as well as knowledge of their current limitations.

Principles of Non-Directive Counseling 3
or Transactional Analysis 3
or Behavior Modification 3

These are individual courses, minimum of 45 student contact hours each, taught in a workshop format. The student will be involved in learning the basic theory and practice associated with each of these systems of counseling.

Field Practicums

These are structured field experiences related to the student's job specialty or special interest. A practicum outline must be approved by DWTC and the college offering credits before the student can register. Practicums are individualized and can be pursued on the job, at other institutions or at selected field sites.

APPENDIX G

Course Outline

Introduction to Human Services

I. Introduction

Community Health Representatives and other Human Services workers, such as Mental Health Technicians, Alcoholism Counselors, Recreation leaders and all outreach workers are often confronted with the need to accomplish tasks for which their initial training has not prepared them. Native skills and an understanding of ones own culture can carry a worker a long way, but the need for advanced training in the Human Services is increasingly evident.

This course outline is a description of a two-week, full-time residential course to be offered for the first time, and on a pilot basis at the Desert Willow Training Center. Groups of Indian Human Service workers--primarily CHR's--have been invited to attend. The dates of the workshop are from April 27 to May 10, 1975. Class size: 25-30 students.

II. Goals

The general goal of the course is additional skills and knowledge in the area of the Human Services and their implications for all areas of tribal social services, on the part of graduate CHR's. In addition, the CHR's will develop a sense of team work and knowledge of support such that they will actively bring about a decrease in the social problems on the reservation as a result of their additional skills.

The goals will be operationalized in three major program themes:

1. Skill in understanding and using the helping relationship; communication and counseling.

2. The development of skills in program-wide action planning or problem solving, and the production of a useful plan for action in the participants' own home situation.

3. An understanding of the roles and relationships in the Human Services, professional and paraprofessional, and their related disciplines, such as psychology, sociology, and mental health.

III. Activities

The two-week period, including ten working days, will be divided into 30 periods of approximately 3 hours each, 8:30-11:30, 1:00-4:00, 6:30-9:30. On each day, two of the time periods will be working class periods, and the third will be set aside for unscheduled events such as individualized counseling, study and reading, working individually with instructors, documentation of learning, and free time.

Participants will be grouped in varying ways, according to their needs and the nature of the instruction. For certain purposes, such as introduction, giving instructions and summarizing, the total group of approximately 25 will be worked with. For counseling skill practice, groups of three will be utilized. For planning action steps, individuals who have the possibility of working with each other when they return home will be developed into teams for team based action planning.

The following material describes each three-hour time section as an instructional module, with a brief title, statement of objectives for that module, the activities to be undertaken, and the methods to be used for both program and participant evaluation. Since the course is of a pilot nature, however, and since an attempt is being made to adjust the content to the actual needs of the participants, some changes as the course proceeds should be anticipated.

Module 1 Introduction and Data Collection

Objectives

1. Participants and staff will have a beginning familiarity with each other, including information about concerns or training needs, and the experience, knowledge and skill that each person brings to the course.

2. Participants will understand the general themes and approaches to be used in the course, and will be familiar with the physical resources available to them at Desert Willow.

3. Staff will have additional information about the participants perception of their training needs, on which to base any modifications of the course.

Activities

1. The adjective warm-up exercise. The total group of participants and staff sit in a circle, giving their first name preceded by a descriptive adjective, such as "pretty Pauline". The next person repeats the first and adds his own; the last person's turn uses all the names.

2. A staff member will explain in detail the schedule for the two weeks, with descriptions of the goals, themes, objectives and activities for the course, and the general experiential teaching learning style to be used.

3. Additional Desert Willow staff will be introduced and will explain their program or the services offered, such as the laundry, mail service, transportation, etc.

4. Participants will undertake a needs/resources exercise, in which each person writes with a felt pen his perception of his training needs, course expectations, or other concerns on a large sheet of newsprint. On another sheet, the participant will write statements about his skills, knowledge or experiences which he can share, under the general heading "I offer..." Participants will then share these "I need" and "I offer" statements with each other, thus broadening their acquaintance and developing a base for further information sharing.

Materials and Resources

Other than newsprint, no special materials will be required. A general course outline will be handed out. Program chiefs or their representatives will be invited.

Evaluation

A very brief, informal evaluation will be undertaken at the end of the session, simply by asking in the total group "How did the session go?" "Does it look like the course will be useful for you?" No evaluation of participants will be done.

Module 2 Counseling: An Introduction to the Helping Relationship

Objectives

1. Participants will gain skill in one to one counseling techniques.

2. Participants will become familiar with the use of video-tape as a critiqueing method.

3. Participants will understand issues in counseling and become aware of some of the criteria by which effective counseling can be judged.

Activities

1. After an introduction to the general concept of the helping relationship, participants will be divided into groups of three, and instructed to role play a client-counselor situation. The third person will be instructed in how to observe the process of counseling, and after the counseling session will offer feedback to the counselor and client. Some of the trios will be video-taped at the same time, with the tape being played back for all in the group to critique. After the critiqueing, the total group will brainstorm issues or criteria by which to assess effective counseling, and a list will be developed for future reference. The roles would then rotate, with a different person as the client, a different person as the counselor, etc., and the counseling practice repeated. Each rotation would be followed by viewing the video-tape and discussing the criteria further.

2. At the conclusion of the practice sessions, the participants would be given the booklet "So You Want to Help" to read as homework. The video-tapes would be saved for future reference and comparison.

Materials and Resources

Video-tape camera, monitor, tape, cameraman, and copies of "So You Want to Help."

Evaluation

The use of a "Daily Reflection Sheet" (copy appended) would be begun. Each participant would be asked at the end of each module to do a brief evaluation of the session. The evaluation would be on a two part NCR paper, with one for the participant to help as a brief documentation of his learning throughout the course. The other copy would be turned in to be summarized by the staff and interpreted in terms of revising the program.

Module 3 Team Building and an Introduction to Action Planning

Objectives

1. Participants will become part of a geographically oriented team--average team size to be approximately five persons.
2. Teams will learn about each other and gain a degree of group skills in processes for making decisions.
3. Teams will begin the process of assessment of issues needing resolution in their own communities.

Activities

1. After an introduction, the staff will group the participants into teams, based on their tribal or geographic affiliation. The intent is to have people from the same area working together, so that a plan can be developed for actual implementation in their own communities. The general intent of this approach is two-fold; to help participants learn problem solving and planning skills, applicable in any situation, and also to develop a specific plan for dealing with an issue at home, thus carrying the effect of the course into the future as much as possible.
2. Assuming the teams are composed of approximately five people, the next step will be to develop some cohesion and "sense of group" within each team. A concensus decision making exercise, Desert Survival, will be used. The exercise helps individuals to assess and become more proficient in group skills, particularly with issues such as leadership, taking advantage of resources, listening skills, and decision making.
3. After the decision making exercise, the groups will each begin a discussion with staff leadership, concerning an issue of importance in their own community.

Materials and Resources

None

Evaluation

Evaluation of oneself as a member of a team is inherent in the decision making exercise; staff feedback will also be given concerning individual performance.

We will continue with the use of the "Daily Reflection Sheet."

Module 4 The Human Services: An Overview

Objectives

1. Participants will increase their understanding of the roles of a variety of Human Services workers, both professional and paraprofessional, and how these workers function in relation to each other, social service agencies, and the client.

Activities

1. Several Human Services workers from the Tucson area will be invited to be guest speakers, including:

   Psychiatrist
   Psychologist
   Social Worker
   Youth Counselor
   Alcoholism Counselor

   The speakers will each spend about 15 minutes describing their role and its setting, agency functioning, trends in the use of paraprofessionals, and other issues of concern to the participants. They will be asked to emphasize their relationship to other Human Service professionals and paraprofessionals in a team approach. The group of guests will then respond to questions from the participants.

Materials and Resources

Excerpts from a new text "Human Services: The Third Revolution in Mental Health" will be given to the participants with a reading assignment concerning roles and relationships in the Human Services.

The resource people will be invited as indicated.

Evaluation

Participants will continue with the use of the "Daily Reflection Sheet."

Module 5 Counseling: An Overview of Three Models

Objectives

1. Participants will begin an understanding of the theories behind counseling, and be able to identify elements of three different theories.

Activities

1. A staff member, after the initial introduction, will make a brief presentation about a transactional analysis counseling approach. This will be followed by a staff role play of a TA counseling session, followed by critiqueing and discussion. Video-tape will be used and played back for additional critiqueing.
2. This procedure will be repeated but using a behavior modification approach.
3. The procedure will be repeated again, using a client centered approach.
4. A text and workbook will be distributed, with a reading assignment.

Materials and Resources

Video-tape equipment, a text "The Skilled Helper," and a workbook "Exercises in Helping Skills."

Evaluation

The course will continue to be evaluated by the use of the "Daily Reflection Sheet."

The participants' learning will be evaluated by a short answer quiz, asking them to read short excerpts from a counseling session, and determine whether the general approach is TA, behavior modification, or client centered.

Module 6 Action Planning: A Continuation

Objectives

1. Participant teams will identify and clearly define a "back-home" issue, and establish a clear goal or definition of an ideal situation.

2. Teams will begin a definition of the forces impinging on the issue so as to understand why the problem exists.

3. Team members will understand the Lewin force field model of problem solving, and be able to apply it in other contexts.

Activities

1. The total group will divide into the previously planned area teams, and with staff facilitation, identify and clarify area issue -- some specific human service oriented need. The issue should be meaningful enough so that progress in its solutions would be seen by all concerned as a significant gain, but of small enough scope so that progress is feasable and possible. The issue will be written in terms of the situation as it now exists. Guidelines for issue clarifications and other aspects of the problem solving technique can be found in the attached booklet.

2. After the issue is clearly defined by each team the teams will share their issue statement with the other teams, with questions for clarification and suggestions by the other teams.

3. The team will next set goals in terms of the issue. Given the "best of all possible worlds", what would the situation be like? Techniques include fantasy, discussion of a free-wheeling nature, and other techniques as suggested in the attached material or by the staff member.

4. The goals will be shared among the teams, and a staff member will then explain next steps to be taken in the action plan procedure, which are:

    a) Brainstorming of the forces surrounding the issue as it is, keeping it as is.

    b) Prioritizing of the issues according to feasability (How easy/difficult is it to deal with the force?) and importance (how important is it to deal with the force?)

    c) Translation of the important and feasible forces into specific action steps.

d) Packaging of the action steps into a comprehensive Action Plan, including anticipated dates of completions and individual assignments.

Materials and Resources

Staff experienced in leading action planning workshops are necessary. The only materials required are large quantities of newsprint and markers for use in recording the results of the brainstorming.

Evaluation

The students learning will not be evaluated after this session. Program evaluations will be accomplished by further use of the daily reflection sheet. An ongoing and important aspect of both formative and summative evaluations is the identification of skills needed as the action plan continues to be developed. It might become evident, for example, that in order to accomplish a given action plan, a specific skill, such as small group decision making, is required. If so, training in that skill can be provided in the program.

Module 7 Group Skills - Decision Making in Small Groups

Objectives

1. The participants will understand the importance of small groups, such as task forces and committees, in the functioning of human services agencies, and the fact that personal skills in small groups can be improved upon.

2. The participants will assess their own role in small group functioning.

3. The participants will demonstrate increased skill in process used in small groups, including leadership, communication, especially listening, gatekeeping, use of resources, and concensus decision making procedures.

Activities

1. After a brief introduction, including a warm up and an explanation of the objectives and activities for the session, the participants will be divided into groups of 8-10 and undertake "A trip to the moon", a concensus decision-making exercise.

    a) Instructions are given about the exercise, including the distinctions between the content--a trip to the moon; and process--decision making in small groups.

    b) Participants are asked as individuals to make a series of decisions regarding materials to take on a simulated trip on the moon.

    c) The groups must arrive at single decision using concensus techniques. While the groups are working, they are video taped.

    d) The individual's answers and the group answers are scored, and the results recorded as follows:

	Average of Individuals	Group Score	Differences	Best Individual Score
Group 1				
Group 2				
Group 3				

e) The facilitator will lead a discussion about the results of the exercise, including an interpretation of the scores, the issues involved in effective group functioning, and emphasize the role of the individual in the group, with the questions "How did I function in my group with respect to these issues; how can I be a better group member"?

f) The video tape will be shown to pick up additional information and to spark a feedback session in which the facilitator will help the participants seek and provide information to each other about their role in the group. A guideline, "An Analysis of Personal Functioning in Groups" will be used by each participant to develop ideas for improved group functioning.

Materials and Resources

Video tape equipment and tape, and a cameraman, "moon walk" exercise blanks, one answer sheet, and copies of the handout "Analysis of Personal Behavior in Groups".

Evaluation

An attempt will be made to help participants compare their functioning in the moon exercise with their functioning in the counseling session in module two. Both tapes will be kept for later comparison to help participants develop a norm for continuous assessment of their growth. Program and personal evaluations will continue with the use of the Daily Reflection Sheet.

Module 8 Counseling: A Behavior Modification Approach

Objectives

1. The participants will be able to demonstrate an understanding of the major principles of behavior modification by means of a written quiz.

2. The participants will be able to explain to the satisfaction of staff and other participants, the use of behavior modification techniques on their day to day role in the Human Services.

Activities

1. After a warm-up exercise and an introduction of the objectives and activities for the session, the instructor will give a brief lecture about behavior modification, including its development and relations to other schools of thought, a summary of research results concerning behavior modification, and its implication in family life and in counseling.

2. The film "Who Did What to Whom" will be shown with an emphases on learning the precise meaning of the vocabulary presented, followed by discussion.

3. An exercise will be conducted in which a participant is asked to leave the room. The group decides how to influence his behavior when he returns, including a definition of the terminal behavior desired and the rewards to be used.

4. The exercise will be followed by a group discussion of behavior modification, and a brainstorming session concerning the application of these techniques in the participants home situation.

Materials and Resources

The film "Who Did What to Whom"

Evaluation

Participants will be given a quiz on the vocabulary used in the film; they will be asked to read descriptive passages and respond as to whether the passage describes positive reinforcement, negative reinforcement, punishment or extinction. Program evaluations will continue through the use of the Daily Reflection Sheet.

Module 9 Action Planning: A Continuation

Objectives

1. A partially completed, team otiented action plan, through the prioritizing of forces stage.

Activities

1. A warm-up experience, followed by an introduction to the objectives and activities of the session.

2. A staff member will review the steps in the action planning process, particularly emphasizing how each group has accomplished the work so far, and ask each group to share the results of their action plan (issue and goal) with each other.

3. Each group will brainstorm the driving and restraining forces which intersect to keep the issue wher it is.

4. Each group will again share the results of its work with others, and ask for additional comments and suggestions.

5. Each group will go through its list of forces to put them in priority order.

   First, each will get a letter, a, b, or c, indicating importance - "a" will mean very important that we do something with this force, "b" meaning of medium importance, and "c" meaning relatively unimportant. Next, the group will attach a number - 1, 2, or 3 - according to feasibility. "One" will mean that it is relatively easy to do something about htis, "two" will mean that it is difficult but possible to work with the force, "three" means almost impossible to work with.

   Although it is difficult to predict the length of time required to get to this stage of the action plan, it seems that the time allocation is about correct. If the work goes more slowly, additional time may be spent in the next session; if more rapidly, more time can be introjected in subsequent activities such as group skills or counseling skills.

APPENDIX H

Course Outline

Introduction to Applied Psychology: An Emphasis on Counseling Skills

I. Introduction

Requests from tribes, task analysis results, and other data all point to a need for specific skills training in one-to-one counseling for outreach workers. The following ten day course has been designed as a result, and is to be implemented on a pilot basis at the Desert Willow Training Center from May 27 to June 6, 1975. Class size: 25-30 students.

II. Goals

General goals of the course are as follows:

1. Improved skill in counseling and the one-to-one helping relationship.
2. Increased knowledge of counseling theory compatible with students' current experiences and skills.
3. Increased confidence by the students in their helping abilities, as well as knowledge of their current limitations.

III. Teaching/Learning Issues

The course has been developed in a series of ten modules; each module representing approximately one working days activities. The modules have been developed in a pattern consistent with other curriculum development efforts at Desert Willow. As these efforts are completed, a comprehensive set of modules of varying lengths, content, prerequisites, etc. will be available for collecting and packaging into courses. The format of each module description is:

1. Topic
2. Description
3. Objectives
4. Activities
5. Methods for evaluation

Generally, a workshop style or adult education model has been employed. This approach is important, because it recognizes the skills and experiences that the students bring to the workshop, and supports the more appropriate facilitative role of the staff member rather than limiting the instructor to content expert.

In addition to use of traditional techniques, therefore, such as lecture/discussion and films, a variety of more experiential approaches will be used. These activities are described more fully and specifically in the detailed module description, but include approaches such as simulation, role play, and emphasis on small groups, and the laboratory approach of do-look-learn. Students will learn improved counseling skills, for example, by counseling, not simply by talking about counseling.

Since it is difficult to be one's own observer or critic in a small group counseling session, video tape will be used extensively to help students see themselves in action, with staff members and other students helping the student to grow in skill and understanding as a result.

The course, in terms of both content and teaching methods, will be flexible enough so that formative evaluation data, as the course proceeds, can be used for some revision of content and methods to provide as high a degree of relevancy as possible.

IV. Content

The content of this course is to be carried in the following ten modules, each representing the program for one day of student contact time. More detailed descriptions of the modules, as well as specific approaches, in the format described, have been prepared for instructor use, but the following brief descriptions are sufficient to convey the general intent and method of the modules.

Module 1 -- Introduction and Overview

An introduction to the course, including the idea of psychology as a social science, professional and paraprofessional roles within psychology, the history of psychology and its place within the social sciences. A simple personality instrument will be used to give the students a beginning understanding of the methods used in psychology. The administration of the instrument will be followed by a discussion the usefulness and validity of such measurements.

Module 2 -- Counseling as Applied Psychology

An emphasis on the practical implications of an understanding of human behavior. Students will practice the skill of individual counseling and begin developing the norm of practicing and critiqueing counseling to begin a cycle of personal growth.

The Helping Trios technique will be utilized to help students learn from real situations, with critiqueing by means of videotape to develop and improve their own counseling skills.

Module 3 -- Child and Adolescent Psychology

An introduction to developmental norms and behavior patterns of children and adolescents with an emphasis on counseling relationships and parental relationships with youth. Differing cultural patterns of child raising will also be considered.

Module 4 -- Counseling: An Overview of Three Models

Previously considered skills in counseling will be arranged into three possible models or theoretical constructs for study a psychoanalytic or transactional analysis approach, a client-centered approach and a behavior modification approach. Students will learn about the models and what they mean, and be exposed to demonstrations and practice sessions utilizing all three.

Module 5 -- Counseling: A Transactional Analysis Approach

A module devoted to skill development in counseling centered on transactional analysis. A review will be made of previous work on transactional analysis including the use of hand-outs describing TA and a programmed exercise book. The description and use of the ego states will be limited to parent, adult and child, rather than more complex subdivisions of those ego states. Emphasis throughout will be on student skill in selecting a model to use, and in the use of the model.

Module 6 -- Counseling: A Behavior Modification Approach

A module emphasizing behavior modification as a counseling technique including a description of behavior modification approaches and an introduction to operant conditioning.

Module 7 -- Counseling: A Client Centered Approach

A consideration of the theoretical implications and skill practice in counseling as a client-centered activity. Based on Rogerian approaches, the model will help students understand Carl Roger's ideas and those of related psychologists, as well as develop skills in applying a client-centered approach in their own work.

Module 8 -- Field Trips

An opportunity for students to check their growing skills and changing perceptions of counseling in a psychological framework against the realities of agency operation and the real world of counseling programs. Students will be involved in considering criteria for evaluation of counseling programs, will visit several agencies involved in counseling to meet the staff and clients, and will subsequently share and process the information collected.

Module 9 -- Crisis Intervention

A module which personalizes the effect of crisis and the mechanisms for dealing with crises in an individual's life. Through experiential approaches using tapes of conversations from crisis intervention centers the students will better understand the nature of crisis, and be able to utilize alternatives within the counseling framework to alleviate crises and avoid damage. Specific crisis situations will include potential suicide, alcohol and drug related problems, family problems and others.

Module 10 -- Conclusion, Summary and Evaluation

This module will pull together the practical and theoretical, the concrete and the abstract. Students will review the learning gained as evidenced from their Daily Reflection Sheets, review video tapes taken during the course in order to assess progress, give and receive feedback with other students and staff, take a written final examination as appropriate to certain of the module objectives, and fill out a summary program evaluation questionnaire.

V. Methods of Evaluation

Since the course is of a pilot nature, evaluation is extremely important. Methods will be used for both student evaluation and course evaluation, both formative and summative.

The evaluation of student learning will be accomplished in two major ways.

1. Students will share a few minutes after each daily session to fill out a Daily Reflection Sheet which gives them an opportunity to assess their own learning, review the day, and comment in detail about their experience. Sharing of this information with each other and the staff will develop the norm of personal feedback, basic to any useful evaluation.

2. The traditional methods of quizzes and final examination will be used for appropriate objectives.

Program evaluation will also be accomplished by a variety of methods.

1. During and at the conclusion of each session or module, the staff will conduct informal evaluation, feedback by merely asking the students how it went, what was most or least useful, what suggestions do you have.

2. Copies of the Daily Reflection Sheet will be collected daily and organized with a running picture of the progress of the program as perceived by the student.

3. A more formal evaluation questionnaire will be developed as the course progresses, to be administered during the final module. An equivalent form of the same questionnaire will be mailed to each student several months after the conclusion of the course to assess longer term effects. Associates of the students will be asked to respond to portions of the questionnaires to gain a view of the effects of the course on the student from the coworkers perspective.

APPENDIX I
CURRENT STATUS OF MENTAL HEALTH TECHNICIANS

March 21, 1975

NAME	Semester Hours Completed	Courses registered for but incomplete	Career Development Certificate Completed	Courses needed to register for and complete for Associate Degree
ANGEA, G.	0	0	No	Stop
---	---	---	---	---
*APKAW, S.	72	0	Yes	Biology & Math
---	---	---	---	---
*ARCHULETA, A.	66	0	Yes	None
---	---	---	---	---
*CAYTON, L.	63	Biology & Math (Sacramento Community College)	Yes	Social Psychology & The Community
---	---	---	---	---
*CLAUSCHEE[1]	63	(Completing B.S. degree, LA)	Yes	MHT Internships
---	---	---	---	---
CORDOVA, J.	4	0	No	Stop
---	---	---	---	---
*DAZEN, B.[1]	21	MHT 152	No	CDC and Stop
---	---	---	---	---
ENCINAS, T.	15	0	No	Stop
---	---	---	---	---
ETSITTY, I.	8	0	No	Stop

CURRENT STATUS OF MENTAL HEALTH TECHNICIANS March 21, 1975

NAME	Semester Hours Completed	Courses registered for but incomplete	Career Development Certificate Completed	Courses needed to register for and complete for Associate Degree
*FRANCISCO, E.[1]	47	MHT 252	Yes	Abnormal Psychology; Social Psychology; Math & Biology; Group Discussion & Introduction to Sociology
---	---	---	---	---
GALVEZ, E.	22	0	No	Stop
---	---	---	---	---
GHACHU, S.	0	0	No	Stop
---	---	---	---	---
*GLOSHAY, B.	46	0	Yes	Stop
---	---	---	--	---
GRIMES, G.	6	0	No	Stop
---	---	---	---	---
*HILL, C.	72		Yes	None
---	---	---	---	---
*HUNTER, C.[1]	51	0	Yes	Sociology, First Aid, Social Psych., Math & Biology (Recovering from kidney transplant)
---	---	---	---	---
*JACKSON, Y.	72	0	Yes	None

CURRENT STATUS OF MENTAL HEALTH TECHNICIANS

March 21, 1975

NAME	Semester Hours Completed	Courses registered for but incomplete	Career Development Certificate Completed	Courses needed to register for and complete for Associate Degree
JOJOLA, J.	30	0	Yes	Stop
---	---	---	---	---
*JONES, E.[1]	52	Math, Biology & Art (Boise State University)	Yes	None
---	---	---	---	---
*KISTO, J.[1]	52	MHT 251 & 252	Yes	Social Psychology & Biology
---	---	---	---	---
LEJERO, L.	9	0	No	Stop
---	---	---	---	---
MARTIN, E.	13	Personal Health	No	Stop
---	---	---	---	---
MARTINEZ, G.	18	0	No	Deceased
---	---	---	---	---
MASAYESVA, V.	0	0	No	Stop
---	---	---	---	---
*SIQUIEROS, P.[1]	41	MHT 252, 251, Social Problems, The Community, Introduction to Art, Technical Report Writing.	Yes	Biology, Abnormal Psychology & Cultural Anthropology
---	---	---	---	---
MURRAY, J.[1]	26	English Composition & Cultural Anthropology	Yes	Finish courses for CDC and stop

CURRENT STATUS OF MENTAL HEALTH TECHNICIANS March 21, 1975

NAME	Semester Hours Completed	Courses registered for but incomplete	Career Development Certificate Completed	Courses needed to register for and complete for Associate Degree
PADILLA, A.	35		Yes	Stop
---	---	---	---	---
*PAVATEA, P.	70	0	Yes	None
---	---	---	---	---
*PEDRO, G.	70	0	Yes	None
---	---	---	---	---
*PERKINS, A.	71	0	Yes	None
---	---	---	---	---
PERKINS, D.	23	0	No	Stop
---	---	---	---	---
PINAL, S.	54	0	Yes	Math, Biology, The Community & Social Psychology
---	---	---	---	---
RUSSELL, A.	21	0	No	MHT 152; Social Problems, Introduction to Sociology for CDC
---	---	---	---	---
SECOND, C.	3	0	No	Stop
---	---	---	---	---
*SHARKEY, I.	67	0	Yes	None

CURRENT STATUS OF MENTAL HEALTH TECHNICIANS March 21, 1975

NAME	Semester Hours Completed	Courses registered for but incomplete	Career Development Certificate Completed	Courses needed to register for and complete for Associate Degree
*TITLA, A.	67	0	Yes	None
---	---	---	---	---
VALLO, M.	37	0	Yes	Stop
---	---	---	---	---
VICENTI, G.	42		Yes	Math & Biology Plus 17 CHRS
---	---	---	---	---
*WACHSMUTH, P.	61	0	Yes	Math & Biology
---	---	---	---	---
YELLOWHAIR, B.	17		No	Cultural Anthropolog & Sociology for CDC
---	---	---	---	---
YEPA, S.	11	0	No	Stop

[1] Active Commitment to Program

Summary:

- Completed minimum of 1 semester college - 32
- Completed minimum of 1 year college and earned Community Development Certificate - 24
- Completed all requirements for Associate Degree - 8
- Could complete Associate Degree in 1975 - 11

APPENDIX J
ACTIVITIES OF MH

FISCAL YEAR 75

MO	COURSE	NUMBER TRAINEES	DURATION & LOCATION	COST	COMMENTS
JULY	AOT Math & Bio	6	28-8/16 DWTC	563	MHT trainees Travel & Perdiem
AUG					
SEPT	MH for CHRs	50	9-13; 19-20; 23-24 DWTC	550	2 Consultants
	MHT Program	8	1-21	788	Completion of 7 courses for Adv. MHTs
OCT	MH for CHRs	50	7-11; 16-18 DWTC	800	2 Consultants
	CHR Workshop	100	29-30 Cheyenne	417	Joint Participation of DW Staff
NOV	MH for CHRs	50	4-8; 14-15 DWTC	500	2 Consultants
DEC	AOT Math	3	1-14 DWTC	502	Travel & Perdiem
	Org. Dev.	80	5-7 Chinle	*	2 MHT Consultants Workshop for Clinical Staff
	Org. Dev.	28	11-13 Gallup	*	2 MHT Consultants OR & RR Clin. Staff
	Preceptor Mtg.	10	17-19 DWTC	511	
	MHT Program	5	15-21 DWTC	514	Complete courses

March 21, 19

T PROGRAM

FISCAL YEAR 76

MO	COURSE	NUMBER TRAINEES	DURATION & LOCATION	COST	COMMENTS
JULY	Org. Dev.	10-100	Dates Open FIELD	*	
AUG	Intro Human Services	30	24-9/6 DWTC	7000	Open to all Are for OR workers
SEPT	MH for CHRs	35	11-15 Rapid City	1200	1 Staff 1 Consultant
	Org. Dev.	10-100	Dates Open FIELD	*	
OCT	MH for CHRs	50	8-10 & 20 DWTC	400	
NOV	MH for CHRs	50	5-7 & 17 DWTC	400	
	Intro to Human Services	30	23-12/6 DWTC	7000	For all Area OR workers
DEC	Org. Dev.	10-100	Dates Open FIELD	*	

ACTIVITIES OF MHT

FISCAL YEAR 75

MO	COURSE	NUMBER TRAINEES	DURATION & LOCATION	COST	COMMENTS
JAN	MH for CHRs	50	6-10; 16-17; 20 DWTC	500	2 Consultants
	Rec. Therapists	33	13-17 DWTC	240	Phx Area
	Psych. Pract. for CHMs	11	27-2/24 Phx	210	Spent 3 days Phx; Combined 2 other trips with teaching; coordinated rest from Tucson
FEB	MH for CHRs	50	12-14; 20-21	400	1 Consultant
	Counseling Skills	18	17-18 DWTC	*	Sacaton Alcoh. Ag.
	Workshop	50	25-28 Reno	*	2 MHT Consul. Comm. & Counseling Skills
MAR	MH for CHRs	50	12-13 & 24 DWTC	300	1 Consultant
APRI	MH for CHRs	50	16-18 & 28 DWTC	200	2 Parttime Consult.
	Workshop Preview	60	2 - Phx	*	1 MHT Consul.
	Intro Human Services	25	27-5/10 DWTC	7000	New course for CHRs Open to Areas
MAY	MH for CHRs	50	21-23 DWTC	150	2 Parttime Consult.
	Org. Dev.	60	14-16 Phx	*	2 MHT Consultants
	Applied Psych.	25	27-6/7 DWTC	4500	New Course Open to Areas
JUNE	MH for CHRs	50	2-3 DWTC	150	2 parttime Consult.
	Workshop Follow-up	60	11 & 30 Phx	*	1 MHT Consult.

* Cost borne in part or totally by agency, tribe or other DWTC
Organization Development workshop normally includes: 1 day d
3 days
devel
2 days

March 21, 1975

PROGRAM

FISCAL YEAR 76

MO	COURSE	NUMBER TRAINEES	DURATION & LOCATION	COST	COMMENTS
JAN	MH for CHRs	50	14-16 DWTC	300	
	Psych. Pract. CHMs	11	5-8; 14-16 Phx	350	
	Applied Psych.	25	25-2/7	4500	Open to all Area
FEB	MH for CHRs	50	11-13 & 23 DWTC	400	
MAR	MH for CHRs	50	10-12 & 22 DWTC	400	
	Org. Dev.	10-100	Dates Open FIELD	*	
APRIL	Trng. Trainers	30	11-17 Rapid City		Trng. in use of DWTC Course Mat.
MAY	MH for CHRs	50	12-14 DWTC	300	
	Applied Psych.	25	23-6/5 DWTC	4500	Open to all Area
JUNE	MH for CHRs	35	9-14 Rapid City	1200	1 staff; 1 Consultant
	Org. Dev.	10-100	ates Open FIELD	*	

program.
ata collection
workshop proper with such content as communication skill
opment, interpersonal relations; role clarity and team cooperatio
follow-up and future planning.

SAMPLE

Organizational Development Workshop Outline and Follow-up

Desert Willow Training Center
Workshop Report
Reno Sparks Indian Colony
February 25-28, 1975

I. Introduction

The Director and several staff members of the Peer Counseling Program at the Reno Sparks Indian Colony were participants in a recreation therapist workshop held at Desert Willow. As a result of the workshop, the Reno personnel, under the direction of Mrs. Lillian Dale, became interested in additional training of a similar nature, and contacted the consultants. Arrangements were made and a workshop was planned and implemented at the Reno Sparks Indian Colony facilities, Feb. 25-28, 1975. The workshop was supported by the Desert Willow Training Program, Indian Health Service, and by the Western Interstate Commission for Higher Education. The trainers were Mr. Ed Johnson and Mr. Grover Banks of the Desert Willow staff.

II. General Objectives

The major objectives of the workshop fell into two categories as defined by Mrs. Dale in association with her staff, and Dr. Dean Hoffman, Mental Health Consultant.

A. Skill Building

Participants would develop increased skill in communication, counseling, tutoring, and to the extent possible the entire realm of interpersonal relationships in the program.

B. Program Development

Clarification of roles and relationships, development of parent involvement methods and plans, team building, and associated objectives.

III. Training Assumptions

The trainers operate within a certain set of assumptions and guidelines which are critical to the nature of the workshop and require some explanation.

A. Experiential Learning

We feel that experiential learning is useful and particularly important. By experiential learning we mean not merely the experience but rather the experience developed into internalized learning. To the extent possible we attempt to deal with the realities of the day-to-day world of the participants, help the participants share the expertise available among themselves, and lead them to a molding of their experience into developed learning.

B. Learning Modes

Without diminishing the importance of the cognitive of learning we also emphasize the affective domain. Since attitudes, values and feelings all contribute to learning and to relationships, they need to be considered in the planning and implementation of a workshop.

C. Skills and Knowledge

In addition to knowledge about a topic, such as communication, we emphasize the skill of communicating. Knowledge through lectures, books, films or other learning materials is important, but unless participants can translate that knowledge into their own behavior, the knowledge is of little consequence.

D. Developmental Nature

Any workshop or training program should be developmental in nature rather than composed of discrete and unrelated pieces. We try to plan so that any training program does not simply end at the conclusion of a given workshop period, but rather has implications for continued learning both in time and in scope.

E. Individualization

It is important that differing needs on the part of trainees be recognized and the training program be responsive to these needs. Although a single format and structure is usually established, an emphasis is placed on helping participants to look at their own needs, develop specific individual or team plans, and begin the implementation of those plans.

F. Team Approach

We emphasize working with teams so that the training effort not only is individual but also organizational in nature, and that individuals can support each other as they begin to implement changes after the workshop is over.

G. Fun

We are convinced that learning in and of itself is fun; we make every effort to provide within the framework of the workshop some light touch activities, and make sure that the learning itself is exciting and interesting.

H. Consultant Role

We tend to avoid the role of "the expert", bringing information and providing solutions to problems. We rather emphasize the facilitative role. We try to help trainees to raise the appropriate questions themselves, develop skills in finding answers to their own questions, identify skills needed, and provide experiences through which those skills can be developed.

IV. Activities and Results

The following will be a session-by-session description of the general activities undertaken, attempting to accomplish the objectives to as complete a degree as possible, including brief explanations of what those activities meant. In addition, where there were written results such as expectations, action plans or issues, the material will be included.

Tuesday Afternoon

We began with an ice-breaking exercise to help people learn about each other, since there were many strangers present, and to begin with a lively sort of activity. It is known as the Adjective Game. People sit in a circle and give their name, preceded by an adjective which describes them, repeating the names which went before.

This was followed by a general introduction to the workshop by the trainers, including a detailed explanation of the goals and objectives for the workshop as we had understood them. We emphasized the learning style to be used, and the general format of the workshop. We then explained the activities that we would be undertaking in order to accomplish the objectives. The first two sessions were explained in detail but with less detail about the following sessions because of the need to plan the workshop as it went along, in order to be responsive to the specific and changing needs of the participants.

We then conducted an exercise in which the participants were all asked to brainstorm on large sheets of newsprint, their general expectations for the entire workshop. They were asked to respond to the question, "If this workshop were to be ideal for me, these are the things I would learn..."

As we reviewed the list of expectations that each person prepared and they reported out, they seemed to fit within five major themes.

1. Communication and interpersonal relationships with each other; students, teachers, parents, volunteers, administrators and others.

2. Involvement of parents in the program, including how to help the program grow, in a comprehensive sense, through parent involvement.

3. Intercultural relationships. How to understand one another despite cultural differences, how to grow in cultural diversity rather than having cultural differences provide road blocks and how to grow personally through the sharing of the richness of those cultural differences.

4. The general idea of team building and relationships within the program including roles, role descriptions and accountability.

5. Making specific plans for a number of the above activities that would go beyond the time of the workshop and could be carried out in a practical and useful fashion.

We ended the Tuesday afternoon session by discussing the nature of trust and its importance to basic relationships, and then undertaking a Trust Walk. In the trust walk participants were divided into pairs and one person pretended to be blind while the other person was the leader. The pairs took a walk around the building, then reversed the roles, continued the walk and returned to discuss the results.

The following questions or issues were discussed, first in the pairs and then in the total group.

1. Is it easier to trust or to be trusted?
2. Is it easier to control or be controlled?
3. What about non-verbal communication?
4. Could you trust more as time went on?
5. Did you find relief when you stopped?
6. Did it seem like your normal day-to-day experience in trusting?
7. What causes a lack of trust?
8. What results from the lack of trust?
9. What is the feeling of dependency like?
10. What is the feeling of being responsible for someone else like?
11. Were you comfortable in this role?
12. How can we learn to trust more and to be trusted more?

The Tuesday afternoon session was completed by a brief summary by the staff and a request for an evaluation. In general the results seemed to be satisfactory. People were getting to know each other, beginning to work on the objectives, and were looking forward to the balance of the workshop.

Tuesday Evening

The Tuesday evening workshop emphasized the objective of moving toward increased communication skills. We began with a warm-up game called Human Bingo, in which people were asked to share an answer to the question, "Here is something I offer and here is something I need." Building further on this theme and the acquaintance exercise, we explained the objectives and activities for the evening and then began a Non-Verbal Puzzle. In the non-verbal puzzle participants were asked to communicate with each other, other than in words, and complete a puzzle. The puzzle had to be done by a team and although the content was simply completing a puzzle, the process indicated to the participants some of the elements involved in working with others including sharing, being willing to understand the viewpoint of the other person, and not get so locked into one's own concerns that one can't function effectively on a team.

A presentation was made by the consultants about aspects of communication, including a brainstorming session where the total group listed some factors or issues involved in interpersonal communication. They included:

1. Balance of communication--one person talking full time or 50/50.
2. Keeping the focus on the giver.
3. Non-verbal messages.
4. Skillful listening.
5. Careful questioning.
6. Meaningful topics.
7. The use of paraphrasing.
8. Language and the use of words.
9. Active listening.
10. Clarifying.
11. Expanding.
12. Making an effort to listen well.
13. The subject; whether it be close or distant.
14. Other aspects of body language.
15. Eye contact and one's tolerance of silence.

Following the brainstorming of communication issues, the participants were divided into groups of three in an exercise called Helping Trios. One person was to be the giver, one person the listener, and the third the observer. Communication was undertaken with the observer taking notes on the process and then giving information back to the participants on the "how" of their communication. Then the roles rotated so that each person in the trio had an opportunity to have each role. After the trios practiced, a discussion was held about the nature of communication and the session summarized and evaluated.

Wednesday Afternoon

We began the Wednesday afternoon session with a warm-up game called Rhythm. This was quickly followed by an explanation of the objectives and activities for the afternoon and a report by the group who had attended the workshop at Desert Willow the previous month.

Building on the report, the trainers explained the problem solving technique known as Force Field Analysis and gave an example. On the basis of the previously developed objectives, two groups were then formed to act as committees. One dealt with the question of parent involvement, the other with teacher and school involvement in the program. These committees began on Wednesday afternoon the problem solving/action planning approach which was continued through Friday evening. Each group followed their own interests and worked with the content with which they were concerned. In general, the process was as follows.

1. Clarification of the issue--how things stand in terms of (parent involvement)-(teacher and school involvement) at present.
2. Goal definition--what would the ideal situation be.
3. Definition of the forces which exist in keeping the situation the way it is now.
4. Planning of action steps associated with those forces to move the situation as it exists now toward the goal.
5. A development of those action steps into a cohesive action plan with dates and personal assignments.

Wednesday afternoon was completed with a sharing of the information collected to date from one group to the other, a brief summary and evaluation of the afternoon session.

Wednesday Evening

We began the Wednesday evening session with a warm-up game called Do You Like Your Neighbor and again an explanation of the objectives and activities for the evening. We went further with an explanation of the force field approach to problem solving, presented the afternoon work to those who had been unable to attend in the afternoon, and continued with the problem solving approach in the two groups; Parent Involvement being one, and Teacher and School Involvement the other.

We also undertook the use of an instrument, FIRO-B, Fundamental Interpersonal Relations Orientation-Behavior, which helps people to look at their personal needs in relation with others. All of the individuals took the instrument; we scored it, interpreted it and illustrated it through a number of approaches including an explanation of relationships in a marriage or between parents and children.

The Wednesday evening session ended with a summary and evaluation, and a suggestion that some homework be done just by thinking about next steps for the Action Planning.

Thursday Afternoon

Thursday afternoon we began with the warm-up Simon Says and the explanation of objectives and activities for the afternoon. We then reviewed the status of the force field analysis to date, shared the information among the groups and continued to work in two groups in the action planning.

Later in the afternoon we stopped the action planning and did additional trios skill practice in individual communication and counseling. We ended the session with a brief summary and evaluation.

Thursday Evening

After another warm-up and explanation of objectives and activities we made comprehensive presentations, one group to the other about the afternoon work and the status of the action planning.

Again we worked on communication and counseling skill practice in small groups, in each case sharing information about the process.

Friday Afternoon and Evening

After the warm-up and explanation of objectives and activities Friday afternoon we continued to work on the action plans, with the general objective of finishing up by the end of the afternoon session. The objective was accomplished and prior to an excellent potluck supper the following action plans were presented.

Since the two action plans proceeded in rather different directions, they will be presented in a somewhat different format. The first, having to do with parent involvement, listed extensive forces keeping the situation where it was including driving and restraining forces. Rather than list those forces in detail, the following is the implication of those forces, and the action steps as they were organized into five major action areas.

Action Plan

1. Organize a parent involvement committee to undertake a variety of activities.

Who is interested.
Help them understand the importance of parent involvement.
Invitations to parents.
More social events and dinners.
Get parents enthused.
Ask them to attend.
Talk to individuals.
Organize the effort.
Make parents feel important.
Provide car pools.
Support Indian Aides.
Children activities for parents.
Inform people of the agenda.
Local Indian schools.
Keep the tribal councils informed.
Tribal council to accept their ideas.
Intergroup started again.
Find money to pay PTA dues by selling refreshments at meetings.

2. Establish our own PTA to meet here.

Meetings in the community.
Possibly set up own PTA and include all area Indians.
Committee include all Indians, not only Colony.
Check with possible city PTA coordinating group.
Take meetings to the parents who can't get to the meetings.
Minutes and oral reports.
Students included at committees.

3. Be influential in textbook selection and other public school issues.

Indian studies in the curriculum, K-12.
Books sensitive to Indian concerns.
Records open.
Make curriculum selection committee sensitive to Indian concerns.
Summer day camp program.
NYC movie project.
More Indian culture programs for enrichment, also for non-Indian students.

4. Coordination and communication with headstart, tutoring program, public schools and others.

Tutors extend invitations.
Tutors make repeated visits.
Education committee to understand its role as advisory to the tutoring program.
More personal calls.
Coordinate with officers of the parent advisory committee of headstart.
Get headstart parent involvement committee to tell about parent involvement techniques.
Form an ad hoc advisory committee with power structure people including City Councilmen, Mayor and important people.
Possible people to include: Key Dale, Bob Rose, Jane Douglas, Dr. Anderson, Rev. Allen, Dave Tybow, Elizabeth Lenz, Joy Lealand, John Trudall, Warren d'Dazeddo, Dewey Sampson, Elmer Miller, Jerry Hollaway, Dora Garcia, Tony Lampone, Ray Mills, Effie Dressler.

5. Relations with media and other public relations.

PR relations for tutoring program.
Education committee here.
Committee to be more visible to parents.
Appoint someone full time for parent relations.
Press and TV.
"How to educate children."
Local paper.
Go statewide and spread the word.
"Perspective."
"Nevada Journal."
"Native Nevadan."
Find out about other program.

The final part of the action plan was more specific. We decided to establish a steering committee composed of:

Viola Zuniga, Chrm. Pro-Tem
Marjorie Street
David Tybow
Darrel Crawford
Gerald Sanchez
Key Dale
Lillian Dale
Jerry Hollaway

The first organizational meeting will be held at 7:30 p.m. March 6, at the Drug Abuse office. Viola will call people to remind them. Agenda will include:

Review the workshop.
Plan priorities.
Organize the *ad hoc* group.
Planning and deciding who is to make contacts and what to say.
Decide on a date for the first *ad hoc* group meeting.
Date for the next steering committee and whether or not it will meet regularly.
Plan procedures, norms and communications.

The functions of the steering committee are to:

1. Organize ourselves, decide on goals, procedures and priorities.

2. Organize the *ad hoc* group with key people for support.

3. Have an initial meeting to organize a parent committee.

4. Keep the tribal council informed.

Action Plan

The second action plan had to do with the general issue of Program-School relationships.

It was discussed to approach the problem from the functional or policy level. The following components were listed.

Teacher-tutor relationship.
Teacher-tutee relationship.
Program-system-principal-board.
Sensitize the system to pupil needs (teaching methodology, cultural sensitivity, additional services).

It was decided that the teacher-tutor relationship was the part of the issue to really emphasize. Therefore, the issue became:

Communications with a limited number of teachers.
Lack of a mechanism to regularize communication.
Roles not clear.
Communication sporadic.
Often people don't know what to do when they do meet strangers or have had past relationships as student teacher.
Teacher might be threatened by tutors and vice versa.

Thus, the goal of the action plan became as follows:

1-Regular communication.
2-Effective communication; relevant, helpful & open.
3-Know each other.
4-Teachers giving tutors curriculum outlines.
5-Involvement of both groups.
6-Tutors and teachers observing each other.
7-Teachers cooperating with counselors.
8-Both academic achievement & personal growth of students be considered by teachers and tutors.
9-Teachers looking at how the program is and how they would like it to be so that their suggestions or inputs could be utilized.
10-Teachers & tutors getting rid of their hang-ups.
11-Have teachers see tutors as a resource.
12-Establish an agenda for contacts.
13-Tutors know program goals & functions.

As a result of the issue definition and the establishment of the goal, the following Action Steps were set up in a What, Who, When format.

What	Who	When
(1,4, & 11 above) Set up regular teacher/tutor meeting schedules on an individual basis.	Prog.dir. & principals follow up	March 1975
Attempt to have 2 personal contacts and 2 telephone contacts per month.	Tutor & teacher & aides	
(2,4,8,11 & 12 above) Determine discussion areas for tutor/teacher contacts including curriculum, social & personal development, special problems & needs, improved tutoring techniques.	Prog.dir. or delegate	Next staff meeting
(3,9 & 13 above) Set up a social affair to orient people, that is teacher, tutor, parent, tutee, community aides, to program & to each other, goals, objectives & role.	Group at next staff meeting	March 1975

What	Who	When
(3 & 6 above) Set up class & tutoring session observation times with critique.	Tutor & teacher by permission from principal & teacher	Decide at next staff meeting
(7 & 11 above) Help tutors learn how to gain trust & cooperation through supervision of a workshop.		Staff meetings.
(10 above) Staff meeting designed to look at & discuss individual tutor hang-ups with teachers & find ways to deal with them.	Prog.dir. & committee	
(13 above) Set up regular program staff meetings, invite community aides.	Virginia, Lisa, Margi & Lillian	Immediately
Get a copy of the teacher curriculum guide & set up student folders & keep current.	Carol	
Set up workshops for teachers to assist the tutors in developing tutoring skill in specific content areas, individual & group.	Resources staff meeting to determine need; prog.dir. to establish	
Use workshop outcome as the agenda for the next staff meeting.	Virginia, Margi & Lisa	

After a delightful potluck supper the group reconvened and undertook a Concensus Decision Making exercise called A Trip to the Moon.

Participants were asked to fill out a workshop evaluation form and spend some time discussing, in a quite positive sense, the nature and value of the entire experience.

V. Summary and Recommendations

The workshop was planned and implemented on the basis of two major objectives.

A. Increased interpersonal communication skill particularly as it applies to the tutor/tutee.

B. Program development and team building including planning for next steps.

The major outcomes of the workshop were some increased skill in communication and the development of two comprehensive action plans, one concerning parent involvement and the other dealing with school involvement as it surrounds the tutoring program.

The number of people varied from 18 to approximately 50 in each group. In general an experiential approach was used building on the expertise of the participants, helping them share information with each other and learn to work together as closely as possible.

Recommendations for further work might include the following.

A. A series of follow-up workshops based on the idea of the Action Plans. In each session the Action Plan could be reviewed and the questions asked "What has been undertaken as planned?" "How did it go?" "What has not been undertaken and why not?" "What should be the most appropriate next steps?" As the implementation of the planning continues, skills necessary for its implementation can be defined and developed in training sessions.

B. Interpersonal communication, whether having to do with the tutoring relationship or team building in an organizational sense, can always be improved. We would strongly recommend increased opportunities for the staff including the volunteers to develop their skills in communicating and counseling with other people further, particularly in the small group and Helping Trios format. Video-tape would be a useful adjunct to that training.

C. The general moves by the group concerning parent involvement into the development of their own PTA and increased involvement on the behalf of Indian children in the Reno Sparks Public School System should be encouraged and supported.

D. Facilitating workshops might be held for committees that develop such as the PTA, the parent's advisory groups, the steering committee or other individuals and groups as they move together toward increased educational opportunities for the Reno Sparks Indian Colony children.

VI. Evaluation

Evaluation of the workshop was undertaken by the use of an instrument designed for the purpose. A summary of the results is attached including a restatement of all of the comments which were written.

WORKSHOP EVALUATION
Reno-Sparks Indian Colony Workshop
February 25-28, 1975

We would appreciate your comments concerning the usefulness and value of the workshop. Please answer each question as indicated, and add any comments at the end that you wish. (Please circle the most appropriate number)

1. One objective of the workshop was to bring about some improvement in communication skills and patterns. In the four days, the objective was accomplished:

										Median Response
			1	2	2	3	5	5	4	
1	2	3	4	5	6	7	8	9	10	8
not at all				some				considerably		

2. The second major objective concerned program development, teamwork, and planning for program improvement. In the four days, this objective was accomplished:

	1	1		1	3	3	2	7	4	
1	2	3	4	5	6	7	8	9	10	8
not at all				some				considerably		

3. The "warm-up games" were:

1		2		1	2	5	5	1	4	
1	2	3	4	5	6	7	8	9	10	7
waste of time				worthwhile				very important		

4. The learning style used--experiential, small group sharing exercises rather than an emphasis on lectures or other presentations was:

					4	2	3	5	8	
1	2	3	4	5	6	7	8	9	10	9
waste of time				worthwhile				very important		

5. The consultants' general approach, skill and ability to work together was:

			1	2	1	4	4	4	6	
1	2	3	4	5	6	7	8	9	10	8
poor				average				excellent		

6. Please put the letter "M" by the most useful activity we undertook, in your opinion, and the letter "L" by the least useful activity.

M's	L's	
12	0	- Lectures, presentations about communication
15	1	- Action planning
5	3	- Non-verbal puzzle
6	3	- FIRO-B (test)
13	0	- Trios communication practice
5	9	- Trust walk
8	5	- Moon trip exercise

7. In general, I would rate the workshop:

	1			3	1	2	2	9	3	
1	2	3	4	5	6	7	8	9	10	9
poor				average				excellent		

8. What additional training might be useful for you in the program?

Perhaps similar training at a later date when we see what feedback are or a study of things learned are being utilized.

It was useful as people got together. Most of the time everybody stays in their own little group.

I think I could use a little training in everything.

Missed trios communication practice; could have been useful.

Maybe a little more trios counseling or one-to-one.

I would like to see more of tutors involved in improving personal communications, most of them have difficulty in speaking in groups and speaking to groups.

To attend more workshops as I was not able to attend at all times.

More work with tutors.

Knowing how to cope with your tutors and steps on what to talk about. Understanding children. Trusting the people going to other people for help.

I feel that people involved in the tutoring program should be brought up-to-date on current teaching methods.

More programmed workshops in the future of this kind, reporting on each group progress in how they are doing.

More community development skills, more than what I received here. Better one-to-one counseling.

Follow through on action plan and further workshops on increasing communication skills, working together.

More group patticipation and more time allotted.

Need to know more educational "tricks" for keeping attention and interest of tutee.

Absolutely vital the teenagers express themselves more.

9. Please add any comments about the workshop or the consultants that you wish.

The overall workshop was excellent. The method, illustration, and approach used to put a point across to people was beautiful. If they didn't get a point, there is nothing more to be done. The training was simple, clear and understandable.

Excellent.

I thought that the workshop was pretty good. I learned a lot of things about myself and what I could do to improve. It also gave a lot of information I could use later.

I think the workshop conceived all I could think of.

For myself it was very worthwhile the two nights I came; meeting new people and learning new concepts that will help me later on in dealing with groups.

Thoroughly enjoyed it.

The hours (night) were a little long; I didn't really want to come after school. I mean a full day of school and then having to come to a workshop and sitting for a couple of hours. But it was all right!

There were some areas such as the trios communication and the FIRO-B test I found particularly worthwhile and interesting. I greatly enjoyed these two areas. Lectures to get an area started were great. They were presented in a good manner in very sequenced steps. The only presentations I found not too interesting were detailed reports to the group in general about action plans. Perhaps a little more generalizing would have been helpful and not so boring. The action planning workshop was dealing with subjects that were valuable and pertinent to the tutoring program in general. The warm-up games were helpful in getting people really interested and participating in the workshop. One area, the communication objective, was almost accomplished. Perhaps getting more of the tutors involved in trio communication practice and other areas. I feel we really accomplished a lot and worked hard in accomplishing our objectives--communication and involvement.

The two consultants were quite easy to understand and were real fine gentlemen and patient with all the foolishness that went on.

Consultants were excellent. Would like more instruction in the near future.

I liked it a lot and the games did do something to me. We had a lot of communication.

The warm-up games were good because they let people relax and not be so formal so they would contribute more and they let people learn a little about each other and the instructors. Over all, I think it was helpful and the people who really wanted to learn, really got something out of it. I also feel that the way the workshop was presented was very good but I think that the evening sessions may have been a little bit better than the afternoon sessions as there were more people and they had a lot of good ideas that they contributed to the program. More people really got involved and this was good. It was also good that people who didn't know each other maybe got to know each other.

Would like to see a follow-up next fall to see if we have utilized the ideas put out. I really enjoyed the workshop--all the other meetings I cancelled in favor of this workshop. I feel this will all be of great benefit to me in the tasks we have to perform in putting our action plan together and setting up our jobs ahead of us.

Thank you very much for the exciting four days. Please come back again, with Dean's help.

The consultants could have had a little more control of the groups, more input from all of the group. A little more knowledge on working with Indian groups. I feel a couple have been handled more skillfully. Better facilitation of the group.

Action plans especially helpful--good foundation for future plans--hopefully we can really use these and do the things that were on paper. Learned a great deal about others and myself--feedback is important. Established important relationships with new people. It's like a door opening to another world; it's been opened a bit but I must keep looking for ways to keep it open and open it even further.

Was good. More understanding of the ethnic groups (White, Indian, Chicano, etc.) needed by the consultants, less repetitious explaining, etc., by them, and a formed plan in which to "draw" out more response from the people--a bad one is that they (consultants) tended to use or pick out such a few of the people present rather than utilizing all those present but in the same token they (consultants) must be commended too for the superior way they conducted this workshop.

Program well done and consultants friendly, capabale and willing to help.

I was able to attend only one session but heard about the session from others who were extremely enthusiastic. The session I attended, Friday evening, was very helpful to me.

Group concensus--me talking too much, importance of encouraging the quiet people.

I attended only the "moon walk exercise" on Friday evening. It was well presented and summarized. I thought the summary gave insight into oneself and also group behavior.

APPENDIX K

GOALS OF N.A.H.S.T.

National Association of Human Services Technologies
(Formerly the National Association of Psychiatric Technology)
1127 - 11th Street, Sacramento, California 95814, (916) 444-3772

Illegible material deleted; please contact the above address for further information.